NOVEMBER 21 1998

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

PSNC walks out of 'shabby' pay negotiations

Independents struggle to survive, say Lib-Dems

HImPs: the next hurdle for LPCs

The NPA's vision of the pharmacist as a prescriber

ABPI claims Prodigy is not good enough

Update: compliance in the elderly

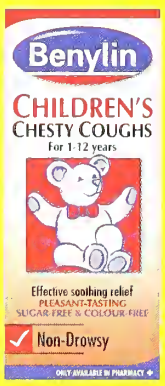
Online at http://www.dotpharmacy.com/

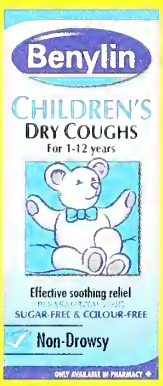
Colour

Sugar

Benylin

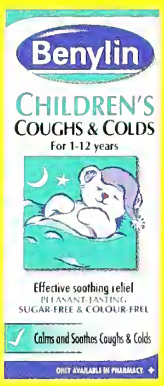
CHILDREN'S

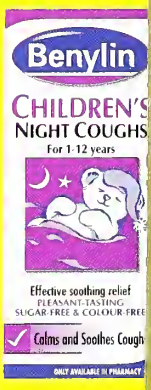




Benylin children's cough medicines are the *only* pharmacy-wide range which is sugar-free and colour-free.

What's more, they come with child-resistant caps. No sugar; no colour; no wonder Benylin Children's cough medicines are the Number 1 recommendation from pharmacists.*





Effective sugar-free and colour-free children's cough relief

Further information is available from: Warner Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZQ. *Jan-Mar 1998 - Taylor Nelson CounterPaint

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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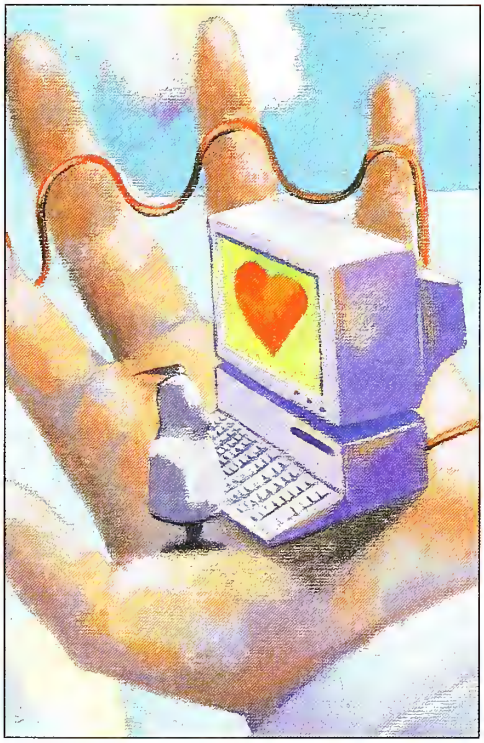
REGULARS

COMMENT

So PSNC is taking the hard line in negotiations on remuneration for community pharmacists in England and Wales for 1998/99. So what? Will walking out of talks with the Department of Health last week succeed in conveying how totally fed up contractors are with this annual circus? In past years, failure to reach agreement at this time of the year has been followed in short order by a pay imposition. Will this time be any different? Despite health minister Alan Milburn's expressed wish for a prompt settlement to this year's pay round, progress has been even slower than usual. The situation has not been helped by the movement of key people within the Department. PSNC thought it had a chance of securing a reasonable payment for 'point of dispensing' checks which pharmacists would carry out as part of the crackdown on prescription fraud. Such a role does not sit comfortably with many pharmacists, but PSNC hoped it could bring contractors on side, and such payments have been agreed in Scotland. But the money which was on the table for this is now unavailable until next year, PSNC has been told. Is the DoH robbing Peter to pay Paul? It certainly looks that way. No wonder 43 per cent of independent pharmacists say they have had enough in a survey released this week by the Liberal Democrats (see p32). It is all very well Mr Dobson exploring better ways to utilise pharmacists' skills, but a more urgent need is to ensure they can finance the services they are currently expected to provide. With PSNC acknowledging for the first time what many already know - that a significant increase in the discount clawback is coming - there is little to look forward to in the weeks before Christmas. The Scots were canny to settle over the summer, but the devolution debate and a touch of political one-upmanship helped their case.



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Society's new management structure in place

The Royal Pharmaceutical Society's new management structure came into force on November 20.

The new system means that most of the Society's activities are dealt with by one of five directorates. In addition, four sections will also report directly to secretary and registrar Ann Lewis.

The five directorates and their directors are:

- Professional development - Philip Green - responsible for practice, education, audit and broad professional development issues
- Professional standards - Susan Sharpe - providing legal expertise and raising professional standards
- Public affairs - Beverley Parkin - public relations and strengthening services to members
- Publications - Charles Fry - marketing Society publications other than titles under the *Pharmaceutical Journal* umbrella managed by Douglas Simpson
- Resources - Denis Argent - finance and non-financial resources including personnel.

The four sections working alongside the directorate will be the *Pharmaceutical Journal* editorial department, the Policy Support Unit (headed by Jessie Torrance), the Scottish Department and the Statutory Committee. Professor Tony Moffat has moved into the new post of chief scientist, but will not be part of the management team.

The new Policy Support Unit is to act as a 'radar' to identify upcoming issues relevant for pharmacy and to commission policy papers and develop policy for the Society.

PSNC walks out of pay talks and rejects 'next day' 3pc offer

Pharmacy's negotiators walked out of their last meeting with the NHS Executive because they were so frustrated over this year's pay talks.

This had the dramatic effect of provoking an offer the next day, which the Pharmaceutical Services Negotiating Committee rejected because of a paltry deal on point of dispensing checks.

"Contractors have had enough and this strength of feeling is being put forcefully to the NHS Executive," said chairman Wally Dove on Tuesday. Matters came to a head at a meeting on November 9, when the NHS Executive had said it was not in a position to give PSNC an offer in writing and could not say when this would be possible. The lack of a written offer, the painfully slow progress on the Executive's part and the figures put forward angered PSNC so much that the team could see no further point in the meeting and walked out.

"We didn't do this lightly - in fact this has not happened since the late 1960s," said Mr Dove.

The suggested figure had been a 3 per cent basic global sum increase, which had compared unfavourably with the dispensing doctors' equivalent increase of about 9.5 per cent. The NHS Executive had also said there was no chance before the fiscal year starting in April of payments for checking that the back of prescription forms were completed correctly. In addition, PSNC was told that the payments for these checks in Scotland had no relevance to England and Wales.

"We were amazed the next day to receive by fax a revised offer that we had been told 24 hours earlier was not even on the horizon," said Mr Dove. There was no improvement on the 3 per cent global sum increase, while the money offered for point of dispensing checks still did not reflect the costs to contractors of the additional work and responsibility.

The committee has replied in strong terms, threatening to take the matter to the minister if there is no improvement in the 'frustrating and unnecessarily drawn out negotiations'. PSNC is hoping for a final offer within days.

It is now almost a year since PSNC lodged its initial claim for 1998-99, as the committee was keen to to conduct the negotiations promptly and efficiently, so changes could be implemented by April 1998.

"The blame for the absence of a settlement lies fairly and squarely with the NHS Executive," said Wally Dove. PSNC had always responded promptly but there had been periods of several months' silence and apparent inactivity on the NHS Executive's behalf, despite continued pressure.

"The behaviour of the NHS is inexcusable," he added. "The fact that other professions are now working on their claim for next year makes PSNC deeply aggrieved by the abysmal treatment being meted out. To the PSNC it indicates a total disrespect for the profession and the services that contractors provide to their patients."

Warning on discount increase Final figures are yet to be agreed, but PSNC is warning contractors to be prepared for a significant increase in discount clawback resulting from the 1998 discount inquiry. It is likely to be a percentage change to the clawback target rather than a lump sum. PSNC is continuing to challenge some of the technical aspects of the inquiry.

Patient packs The NHS Executive is pressing ahead with implementation of the labelling and leaflets directive on January 1, 1999, seemingly 'sticking its head in the sand' as to the potential chaos caused by its abandoning the patient pack initiative. PSNC fears some contractors may rebel and take their own action, which could lead them to breach their terms of service and other legislation. PSNC hopes to work with the Royal Pharmaceutical Society and the National Pharmaceutical Association to produce guidance for pharmacists.

Pharmacist prescribing PSNC has set up a small group to analyse the financial implications to contractors of prescribing. It is likely that pharmacists could be involved in prescribing, following the 'round table' discussions and in the light of the impending Crown report.

Medicines management Following a successful meeting with health minister Alan Milburn, discussions are being sought with the medical profession, NHS Executive and consumer groups. The minister was interested in the potential cost savings but negotiations have not yet started on payments.

Primary care groups PSNC is advising all LPCs to call a meeting of contractors to update them on PCGs, as many contractors may be unaware of the effect these NHS changes might have. PSNC has written to the NHS Executive pressing for payments for pharmacists.

A Boots store in Nottingham has won the first Boots the Chemists/Allen & Hanburys 'Asthma pharmacy team of the year' award. The team organised a 'living with asthma week' and approached a number of external authorities to become involved, including the National Asthma Campaign, surgeries and hospitals. Pictured at the presentation are (l-r) Jane Henson, Jo Atwell, BTC director of healthcare business Peter Shotter, pharmacist Fran Cassidy, Glaxo's David Blanksby for Allen & Hanburys, Laraine Cuipruk and Sandra Monks

Over 100 GPs 'could lose dispensing'

Over 100 GP practices may still be under threat of losing their dispensing as the result of a 'pharmacy incursion', say doctors.

A survey, published in the October *Dispensing Doctor* magazine, asked dispensing surgeries with no nearby pharmacy to identify the population size within a mile. Initial results from the first 100 replies showed that all but about 28 per cent could be vulnerable to losing their dispensing.

The Dispensing Doctors' Association chairman, Dr Malcolm Ward, is quoted as saying: "Bearing in mind that pharmacy incursions have been reported to occur in villages with populations as small as 1,000, it would appear that there are at least 100 practices potentially at risk, and the true figure could be much higher. There is therefore a compelling need to close the 'loophole' [which enables pharmacists on HA lists to open in the same area without showing there would be no prejudice to general medical services].

Another article claims that dispensing doctors and pharmacists are coming closer to reaching a 'compromise' which Dr Ward hopes will secure the future of GP dispensing into the next millennium. He is reported as telling the DDA annual meeting that 'significant progress' had been made in negotiations, although he could not reveal details because they were at an 'exquisitely sensitive' stage.

PSNC's general secretary Stephen Axon said PSNC was not in a position to talk about the negotiations.

No standards legislation for premises under Section 66

The Royal Pharmaceutical Society will not seek regulations on pharmacy premises standards under Section 66 of the Medicines Act 1968.

The Law and Ethics Committee made this decision at its November meeting after considering a discussion document setting out relevant issues.

These issues included the nature and extent of the problems that the regulations could address, the basis on which a request for regulation would be made in the light of the Government's deregulation policy, the acceptability to other bodies of such regulations, the suitability of criminal law to deal with standards, the relative merits of regulations compared with the Society's proposed new disciplinary powers, and whether concerns about premises standards related to the safety of the public or the image of the profession.

The committee also noted that many of the provisions listed in Section 66 are already subject to other legislation. In addition, the Society's Scottish Executive and the chief pharmacist and others in Scotland are vigorously opposed to Section 66 regulations.

Numark idea unethical? Numark's proposed open shelf display unit for pharmacy medicines contravenes the Royal Pharmaceutical Society's Code of Ethics, the Law and Ethics Committee decided.

The display unit, shown in Numark's 'concept pharmacy' at the recent Pharmacy Live exhibition, protects P medicines behind a curtain of infra-red light beams, which, when broken by a customer's hand, triggers alarm lights and a recorded message. Numark will be told the unit contravenes the code, but the committee did not disclose the reasons why.

PCGs conference The Practice Committee supported a suggested outline programme for two one-day conferences on pharmacists' involvement with primary care groups. Held in conjunction with the National Prescribing Centre, the conferences will take place at the beginning of 1999. The first will be aimed at potential purchasers of pharmaceutical services and the second at pharmacist providers.

Membership card The optional photo identity card made available to members this year will be offered again in 1999. The professional standards directorate will explore again the options for producing cards for all members.

Independents losing faith in the profession

Supermarket competition, increased workload, long hours, and lack of funding are making nearly half of independent pharmacy proprietors consider closing down.

Nearly all independent pharmacists say that the reduction in dispensing margins has adversely affected cash flow and believe the Government's remuneration payment system should be reviewed. Increases in workload have been typically between 10 and 30 per cent over the past five years, but over a tenth of pharmacists have reported increases of over 50 per cent.

The gloomy findings come in the results of a Liberal Democrat survey carried out in August and September this year. 'A bitter pill: independent pharmacists struggling to survive' summarises replies received from 1,200 independent pharmacists and was launched by the Liberal Democrat health spokesman Simon Hughes MP.

Turn to page 32 for full details.

AAH unveils customer service packages

Vantage pharmacies will soon be able to offer testing and screening services under a new scheme unveiled by AAH Pharmaceuticals.

Between 35 and 40 Vantage pharmacies are to start piloting the scheme in a variety of trials early next year. To start with, the patient health services packages will offer customers cholesterol testing, health diagnostic testing, allergy and osteoporosis screening. Further packages will be piloted later.

Once evaluated, the packages will be made available to Vantage Refresh members, but it is hoped that the scheme will be expanded to include all Vantage members by next autumn. Eventually, it is possible that the wholesaler will offer the packages to all its customers.

Dr Mandeep Mudhar, AAH Pharmaceuticals' professional services manager, says that the company wants to make pharmacy the first point of contact, from which people can receive advice and early screening before making an appointment with their GP if necessary.

The pilot pharmacies have been selected in part by AAH's business development managers who were asked to nominate pharmacies in their area which they felt were appropriate. Criteria included the provision of a consulting room and "an enthusiastic pharmacist". Some pharmacists were also selected when they contacted Dr Mudhar after reading about the scheme in the company's magazines.

Pharmacies taking part in the pilots will receive local marketing support including leaflets, pharmacy posters, banners, mobiles and a service menu, as well as local radio and newspaper coverage. Costs for this will be borne by AAH. Although AAH Pharmaceuticals is suggesting a fee structure for pharmacists to charge for the services, Dr Mudhar says: "We will encourage the pharmacists to try out different pricing structures for some tests so that they can find an optimum price."

Training and education is being given by the companies providing the testing equipment. These companies have agreed to provide the equipment during the pilot stages as AAH has given a commitment to work with them for a lengthy period. However, pharmacies will have to pay for the consumables for the testing, but this will be on a 'use one and buy one' basis.

Are you giving the right information?

Patients will be asked whether they are receiving too much or too little information about their medicines, in a second national audit through community pharmacies (*C&D* last week, p4).

Pharmacists will issue questionnaires to 30 patients on long-term therapy. Patients will be asked to rate the amount of information they have received on 16 topics from how the medicine works to side effects.

The aim of the audit is to help pharmacists identify what information patients want and what they do not need. David Pruce, the Royal Pharmaceutical Society's audit fellow, says patients' needs may change over time: "When a medicine is first prescribed, the patient may be more concerned with what it is and how to take it. As they continue taking the medicine, other factors may become more important to them, such as the risks of experiencing side effects.

"Patients are only likely to remember three or four points from any counselling session."

Participants in CPPE workshops this winter and the SCPPE workshops on 'Counselling and advice' will be able to get the audit at the workshop. Pharmacists in Wales can obtain copies from the WCPPE. Further details from David Pruce on 0171 735 9141.

IN BRIEF

Premises register up again

The number of premises registered in Great Britain increased again in October to 12,277, up 14 on September. This included 34 pharmacies commencing trading, two being restored and 22 being deleted. Boots commenced trading from a further four retail park sites, and the exchange of contracts between Superdrug and AAH Retail saw around 12 stores change owners.

Nurofen Plus warning

Pharmacists are warning that Nurofen Plus may be open to abuse said an article in Monday's *Times*. The tablets can, apparently, be separated into two parts, splitting the codeine part from the ibuprofen.

Scottish monthly statistics

There were 4,782,063 prescriptions dispensed in Scotland in June, 4,772,423 by chemist contractors, at a total cost to the exchequer of £47,415,931. For chemist contractors, the ingredient cost per prescription was £8.9755, dispensing fees were £0.9283 with a professional allowance of £0.3493 and oncost of £0.002. The gross total per prescription was £10.3669 or £9.7921 net.

Cellulite product alert

A herbal 'miracle cure' for cellulite could be introduced into Britain early next year, according to last Sunday's Observer. The newspaper reported that Boots is asking for further trials before considering stocking the product, Cellosene, which contains gingko biloba, sweet clover extract, grape seed oil, kelp seaweed, evening primrose oil, fish oil and lecithin.

Charity £5k from toothpaste

Lloyds and Hill's Pharmacies helped Colgate raise £5,000 for research into women's health by pledging £0.10 from every Colgate Total toothbrush or toothpaste sale made during October.

Global practice ideas exchange

An open day to highlight pharmacy practice in developing countries is being planned for next March. 'Global pharmacy practice – a two-way exchange' will be held on March 3, 1999, at the Royal Pharmaceutical Society in London. For more details, contact Georgina Stock on 01462 895169.

DoH commissions sex survey

The Department of Health is commissioning a second national survey on sexual attitudes and lifestyles. The results of the 1990 survey are now thought to be out of date. About 12,000 people will be interviewed.

Praise for methadone ban

Prime Minister Tony Blair has praised health professionals in Dyfed Powys for agreeing to ban the use of methadone tablets - thought to be the first move of its kind in the UK.

In a message to mark the launch of the initiative as part of European Drug Prevention Week, he commended "the steps taken to reduce the number of drug-related deaths in Dyfed Powys".

Local pharmacists and doctors have agreed to the voluntary ban in an attempt to stop methadone 'leaking' on to the streets. Pharmacies are also supervising methadone consumption in one of several primary care development projects (*C&D* July 18, p4).

Dr Nicholas Phin, chairman of Dyfed Powys Drug and Alcohol Action Team, said: "There is no clinical reason for doctors to prescribe methadone tablets. They are easier to conceal and trade and can be ground down to be injected. Injection poses health risks including the danger of disease and infection."

At the moment doctors within the health authority area prescribe about 24,000 tablets each quarter, suggesting that about 30 people are taking methadone in this form.

The drug action team includes representatives from the police, county councils, health and social services, the probation and prison services, and the voluntary sector. Dyfed Powys chief constable, Ray White, has also welcomed the move.

"By joint working we have already seen the number of methadone-related deaths fall to just two this year. Last year there were eight deaths, and ten in 1996," he said. "The health authority and the police have co-operated in providing health professionals with information about how methadone given on prescription has been resold on the streets."

Pharmacist's £40k fraud over an extra '0'

A surgery computer was blamed for the prescribing of potentially fatal doses of a cancer drug. The error also allowed a pharmacist to claim £40,000 from the NHS over 16 months for drugs he never dispensed.

Suryakant Patel, proprietor of the Springfield Pharmacy in Richmond, Surrey, "took advantage" of an error generated by the computer at the Seymour House Surgery's to swindle the NHS of £39,627. The computer generated prescriptions for ten times the correct dose for an elderly patient, who has since died.

Last month, Kingston Crown Court heard that the patient was never in any danger, despite the surgery's monthly error which occurred from December 1994 until April 1996. It eventually came to light because the fundholding practice became over budget.

The Springfield Pharmacy always dispensed the correct dose of 3 mega-units of Intron A, not the 30 units on the prescription. However, claims made to the Prescription Pricing Authority amounted to £2,700 a month instead of £270 for the 16 vials dispensed.

Mr Patel, who handed the judge a bulging file of letters from customers testifying he was a "good and caring chemist", was convicted last month on five out of seven specimen counts of dishonestly furnishing false information between 1994 and 1996.

He was given a 12 month sentence on each count, to run concurrently, and ordered to pay £1,000 prosecution costs by Recorder Lawrence Giovene at Southwark Crown Court on November 6.

Mr Patel denied charges of misleadingly using accounting documents to claim a higher value of drugs had been dispensed when, in fact, the correct dosage of a lower value had been supplied.

In September 1994 the patient was first prescribed Intron.A by the Royal Marsden Hospital. After that, she received prescriptions monthly from the Seymour House Surgery and took them to Mr Patel's pharmacy.

Prosecuting, James Hines said: "The defendant took advantage of a computer mistake by the surgery." Mr Patel not only ordered the correct strength from his wholesaler, but he also supplied the patient at the correct dosage.

The fraud was discovered in spring 1996 because of the huge hole being made in the surgery's budget by the £2,700 a month which the drug cost. Concern immediately switched to the patient. After it was established that she was not in danger, the surgery computer was corrected and "her April 1996 prescription was therefore the first correct one".

During subsequent correspondence to Richmond & Kingston Family Health Services Authority, Mr Patel wrote: "... unfortunately we didn't notice this mistake" by the surgery. He pointed out the correct doses were dispensed "... or the consequences might have proved fatal".

After notifying the surgery of the "massively" wrong first prescription, which had ordered 480 vials instead of 16, he felt "there would be no further problems".

One of the GPs, giving evidence, said that the drugs were "not deliberately overprescribed" but the computer error of an extra zero "would have been repeated each time [a repeat prescription] was requested". The computer print-out would "go to reception and whichever doctor was there after surgery would sign the repeat prescriptions".

PCC pilot gets into gear in N Ireland

The Northern and Western Health Boards in Northern Ireland will be writing to pharmacy contractors and GP practices before the end of the year to see if they are interested in taking part in a domiciliary pharmaceutical care project for elderly patients.

The pilot project, the brainchild of the Pharmaceutical Contractors Committee, has received funding of £75,000 from the HPSS primary care development fund. Up to 120 elderly patients need to be recruited for the pilot, which will involve both pharmacists and doctors.

A steering group made up of PCC secretary Terry Hannawin and the directors of pharmaceutical services from the two boards - Sally O'Kane and Dr Dennis Morrison - will oversee the project, which is being managed by the pharmacy department at the Queen's University of Belfast.

A research assistant is being sought to act as project facilitator. The post, for 12 months, offers a salary of £21,815. Details are available from Prof McElnay (tel: 01232 335800) or the personnel department at the University (tel: 01232 245133).

- The PCC has put in a bid for £50,000 through the Eastern Health Board to fund a health promotion project entitled 'Your first step to better health in Northern Ireland'. PCC secretary Terry Hannawin said he is optimistic that the bid will be successful, although not perhaps for the full amount.

More on Scottish 'round table' talks

Further details about the pharmacy regional workshops being organised by the Scottish Office have emerged.

Last week, it was announced that the NHS Executive would be holding a series of meetings to seek the views of pharmacists practising in primary care on how the profession can develop its contribution to the White Paper 'Designed to Care'.

The meetings, which are by invitation only, will take place at the following venues:

- December 1: Murrayfield Park, Edinburgh
- December 3: Stakis Treetops Hotel, Aberdeen
- December 7: Strathclyde Business School, Glasgow
- December 9: Swallow Hotel, Dundee
- December 14: Caledonian Hotel, Ayr.

Meetings, starting at 7pm, will be introduced by the Scottish Office's primary care director, Agnes Robinson.

The Scottish Department of the Royal Pharmaceutical Society held a ceremony for newly registered pharmacists last month in Edinburgh. Attending the event were: (back row) Anna Maria Cushen, Morna Low, Kate Jessiman, William Samson, Elaine Wright, Amanda Dellar (middle row) Jennifer Mallinson, Tabassum Bashir, Pauline Duncan, Justin Dowds, Francesca Lee, Mairead Casserly, Kerridh-Anne Calder (front) Simon Clow, RPSGB vice-president David Allen, Scottish Executive chairman Graeme Millar, secretary Dr Sheila Stevens, and Colin Harper

Nicotine gum and minoxidil to join General Sales List

Minoxidil solution 2 per cent and nicotine gum 2mg are set to become General Sales List medicines in the latest proposals from the Medicines Control Agency.

The MCA is seeking to allow minoxidil 2 per cent to be supplied for external use as a GSL medicine to treat androgenetic alopecia in men and women aged between 18 and 65. Also acting on advice from the Committee on Safety of Medicines, it wants to allow nicotine gum with a maximum strength of 2mg to be supplied GSL to aid smoking cessation for people aged not less than 16.

Other proposals included in MLX 248, issued last Friday, are:

- to allow liquid paracetamol for children to be supplied GSL in bottles containing up to 100ml
- to increase the number of ibuprofen 200mg tablets or capsules sold GSL from 12 to 16, keeping indications and dosage the same
- to bring aloxiprin into line with the recent tightening of paracetamol and aspirin sales by restricting GSL pack sizes of aloxiprin capsules and non-effervescent tablets to 16.
- to delete methionine from the GSL Order.

Comments on the proposals should be made by December 24 to Dugan Cummings at Room 1109a, MCA, Market Towers, 1 Nine Elms Lane, London SW8 5NQ.

Sheila Kelly, director of the Proprietary Association of Great Britain, said this week: "There is little new in these changes. They represent a further move towards making medicines that have been proven to be safe and effective, more easily available to a public that we know is cautious and sensible in their self-diagnosis and self-treatment of minor ailments."

PAGB research found that almost 80 per cent of people always consult a health professional if they are at all unsure about a problem, added Ms Kelly.

Cosmetic ingredient tests on animals end

Animal testing of cosmetic ingredients has ended in Britain, a year after animal testing of finished products was stopped (*C&D* November 15, 1997, p5).

The Home Office announced on Monday that the three remaining companies with licences for animal testing are to hand them back. Current legislation does not allow for the revocation of the licences, which would not otherwise expire until 2002. It is estimated that about 1,300 animals were used in cosmetic tests last year.

Xrayser

Topical Reflections

A helpful hint for our friends at the DoH

Given the recent announcement from Roche that it is to discontinue Valium syrup, I assume that the demand has fallen to the point where it is no longer economic to manufacture.

However, unlike some other low demand, older preparations, Valium syrup can only be supplied on an FP10 when prescribed generically. The result is a low price dictated by market forces and no opportunity to sell off the brand to a smaller manufacturer.

The demise of Valium syrup is of little consequence to me since the price of the two bottles I have on the shelves is very low and I might even use them before they go out of date. But perhaps in the story there is a lesson to be learnt.

Selling on out-of-patent brands within the manufacturing market can lead to deliberate evasion of the controls on profits voluntarily agreed within the Pharmaceutical Price Regulation Scheme. This is now costing the NHS many millions of pounds.

So far the Government has not published any proposals to tackle the problem, but I suggest that it could automatically blacklist the NHS prescribing of the brand name of a drug once its patent has expired.

This would not only help dissuade some elements of the pharmaceutical industry from holding the NHS to ransom but, as a bonus, would also limit the excess profits that can be achieved by the prescribing of branded generics.

Feeling just a little bit hacked off ...

I was really looking forward to a three-day Christmas break this year. Now, like a bolt out of the blue, the National Pharmaceutical Association informs me that Saturday, December 26, is classed as a normal day and that if I want to close I have to ask the permission of my health authority (*C&D* November 14, p48).

I do not know who makes these rules, but to me, December 26 is Boxing Day, considered to be a family day and I close. Just because Saturday is the normal day off for office workers, and the following Monday has therefore become the bank holiday, does not mean that those who work in such menial occupations like retail have to suffer!

Realistically other retailers will close on Saturday and open up on Monday but whatever I do I will lose out. To open on Saturday will be commercial madness and on Monday I will have to pay double wages for counter sales only. Prescription mayhem will then start again on Tuesday because I can guarantee that none of my local surgeries will open on any of the four days.

I consider that Saturday should be the Bank Holiday and Monday should be a normal working day. However, the Government has decreed differently so I will contact the health authority, keep my fingers crossed that it can can organise a rota for Saturday and enjoy an unexpected, but well deserved, four-day break.

A whiff of nostalgia

My perfume sales are in decline, but despite this, in the run up to Christmas, I do buy some of the better French perfumes and their sales nicely boost my turnover during December.

However, I regret that it is no longer economic for me to stock the exclusive perfume agencies. I can still remember those first few years out of college when I was trained in the art of selling perfume, to understand the fragrance composition and to match that knowledge to customers' needs.

In those far off days I took pride in demonstrating my knowledge of all the perfumes we stocked and being able to sell to appreciative customers. Today that is but a memory from the past. Consumer demand, driven by the advertiser's guile, now dictates sales and agencies have become an expensive irrelevance in the face of the customers' need to possess the latest 'in fashion' accessories.

I am sorry that most of my beautiful old glass-fronted display cases have been replaced by functional, but cost-effective self-service shelving, but when Christmas comes round and the occasional customer asks me to recommend, I momentarily dream of Christmas past.

Script specials

Roche pulls the plug on Tasmar

Tasmar (tolcapone), launched last year for Parkinson's disease, has been withdrawn by manufacturer Roche following reports of severe hepatotoxicity

Three patients have so far died as a result of "unpredictable, fulminant hepatitis" and several severe and unpredictable hepatic reactions have also been reported. As a result, Roche has withdrawn the drug in the UK and the rest of Europe. In the US a revised label is being issued indicating that the drug should be used as an adjunctive therapy in patients who do not respond satisfactorily to other drugs.

Roche and the Committee on Safety of Medicines are warning users not to stop taking the drug abruptly as this could cause serious adverse effects and worsening of the symptoms of Parkinson's disease, particularly akinesia and rigidity, or rarely neuroleptic malignant syndrome.

It is recommended that Tasmar is phased out over three to six days. Initially, a single dose should be omitted, accompanied by an increase in the adjunct levodopa and/or other dopaminergic therapy. A second dose should then be withdrawn with corresponding dopaminergic drug adjustment, and so on. The dose of levodopa/decarboxylase inhibitor should be increased to at least the dose being taken before the initiation of Tasmar.

The drug will continue to be available to allow for this gradual withdrawal. Roche has set up a patient helpline for Tasmar (0800 328 3202). The contact for pharmacists at the Medicines Control Agency is Dr C Hepburn on 0171 273 0954.

Tasmar is the second drug to be withdrawn by Roche this year. In June Posicor was withdrawn following revelations of serious drug interactions.

Roche Products Ltd. Tel: 01707 366000.

MEDICAL MATTERS

New vaccines for HIV and cancer

New types of vaccines for cancer, malaria and HIV are being tested in humans.

Dr Luc Hessel, executive director at Pasteur Merieux, said the trials are at an early stage and aim to validate the concepts behind vaccines that have shown promising results in animals.

"It is likely to be five to ten years before these vaccines reach the market. But when you consider that three years ago the approaches being used were purely experimental, it's not impossible that we could get good news sooner," he told a recent Medical Journalists' Association seminar.

The vaccines for malaria and HIV are DNA or nucleic acid vaccines. They use bacterial plasmids carrying genes which encode antigens for the relevant pathogen. When injected they stimulate an immune response very similar to that produced during a natural infection.

"These vaccines not only stimulate the production of antibodies but also immune cells that are able to attack and destroy the pathogen itself or the infected cells. So it's a very powerful immunological tool," he said.

The vaccines offer long-term protection, reducing the need for boosters. Several antigens could be combined in one vaccine, again reducing the need for multiple injections. The expense of vaccination, he said, lies mostly in the cost of giving the vaccines rather than in the cost of the vaccines themselves.

Glucotrend goes for Premium users

Roche Diagnostics has introduced Glucotrend Premium, a new blood glucose meter specifically designed for children and pregnant women.

Glucotrend Premium has additional features to the existing Glucotrend meter to enable intensive users to manage their diabetes more precisely.

These include a 300 reading memory for a more accurate time and day record; a larger display screen; and a PC download function to help patients keep long-term records. All these benefits are important to children and pregnant women where precise management of their condition is crucial.

Glucotrend Premium is being offered through pharmacies at an introductory price of £34 excluding VAT until January 1999 (recommended retail price £49). Pharmacists will be reimbursed the £15 sale difference if they complete a rebate form and warranty card and send it to Roche.

In the UK over 20,000 children and 8,000 pregnant women currently suffer from diabetes. In children poor blood glucose control can lead to complications in adulthood such as kidney failure and blindness. In pregnancy, poor control can result in premature births and can put the infant at risk of postnatal diabetes.

Sildenafil should be on NHS, says *DTB*

Sildenafil should be prescribable on the NHS because it has advantages over other treatments for impotence, says the *Drug & Therapeutics Bulletin*.

Sildenafil, marketed as Viagra by Pfizer, has been unavailable on the NHS since its launch in October. In its review, the *DTB* attempted to assess whether the decision was justifiable.

The reviewers found that the drug was an effective oral treatment for erectile dysfunction and that it did offer advantages over other medical approaches in terms of ease of administration and cost.

Diagnosis and management should be the domain of specialists until others gain experience, particularly where the underlying cause of erectile dysfunction needs further investigation. Unwanted effects, particularly those involving the cardiovascular system and the eyes, need to be closely monitored.

To avoid misuse, sildenafil should be restricted to men who meet the conditions in the data sheet, and its prescribing should be restricted to doses that allow for once a week intercourse.

IN BRIEF

Ensure Plus adds flavour

Abbott has added two new flavours to its Ensure Plus tetrapak range. They are peach and neutral (27 x 200ml cases, £41.24 basic NHS).

Abbott Laboratories Ltd. Tel: 01795 580303.

Physeptone goes to Martindale

Glaxo Wellcome has transferred the product licence and responsibility for sales, marketing and distribution of Physeptone (methadone) to Martindale. All orders for Physeptone injection and tablets should be placed with the new licence holder.

Martindale Pharmaceuticals Ltd. Tel: 01708 386660.

Comtess price correction

Comtess 200mg carries a basic NHS price of £19.05 for 30 tablets and £63.50 for 100 tablets, and not as stated in last week's Script Specials.

Orion Pharma (UK) Ltd. Tel: 01635 520300.

Epilepsy medication cards

The British Epilepsy Association has introduced credit card style therapy cards to ensure epileptics get consistent brands of medication. Five cards are available with either Epilim, Epilim Chrono, Tegretol, Tegretol Retard or Epanutin printed on one side, and the BEA helpline on the other. Each card comes with a fact sheet explaining the importance of using the same brand of medication. Cards can be obtained from:

British Epilepsy Association. Tel: 0800 309030.

Impotence gets interactive

The Impotence Association has launched a web site at *www.impotence.org.uk*. The site provides information about erectile dysfunction and on-line information leaflets and factsheets on the condition.

Impotence Association. Tel: 0181 767 7791.

Getting the message over on MS

'The Message' is the first part of a resource pack for multiple sclerosis patients, courtesy of Schering. It consists of a CD giving practical advice to newly diagnosed patients. They can get the CD by sending their name and address to MSCG (CD), Freepost ANG 6715, Newmarket CB8 8GZ.

Schering Health Care. Tel: 01444 232323.

Can you offer the thrush treatment picked by 82% of women?

Canesten can.

Recent research* confirms that 8 out of 10 women would pick Canesten Combi as their first choice. Perhaps this is because Canesten Combi is the only treatment that relieves the itch immediately and clears the infection fast.

Canesten® Combi
Clotrimazole 1%

lged product information for Canesten Combi. Presentation: A single Canesten 1 pessary (containing 500mg Clotrimazole BP), plus a 20g tube of Canesten cream (containing 1% Clotrimazole BP). **Indication Dosage:** Pessary for candidal vaginitis, cream for associated vulvitis and treatment of sexual partner to prevent re-infection. **Adults (16-60):** The pessary should be inserted into the vagina using the applicator. ream should be applied night and morning to the vulva and surrounding area and/or to the partner's penis to prevent re-infection. **Contra-indications:** Hypersensitivity to clotrimazole. **Warnings:** Pregnancy. Only supervision of a doctor. **Side-effects:** Rarely local mild burning or irritation immediately after use. Hypersensitivity may occur. **Legal category:** P. **Package quantity and cost price:** 1 x 500mg pessary packed plus a 20g tube of Canesten Cream. An applicator for the pessary is included, £4.50 (PL 0010/0016R (cream) (PL 0010/0083 (pessary)). **Product Licence holder:** Bayer plc, Consumer Care Division, Bayer House, berry Hill, Newbury, Berkshire, RG14 4JA. **Date of preparation:** June 1998.

*Data on file. Usage and Attitude study, June 1997

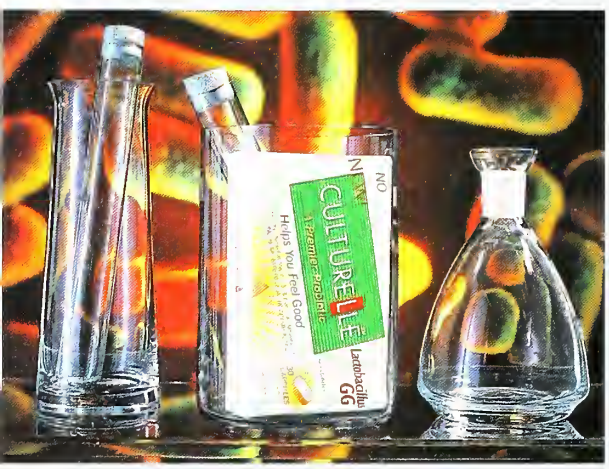
Counterpoints

Launch of 'good guy' bacteria for the gut

Culturelle LGG is a new dietary supplement from Nordic Farmers which contains beneficial bacteria for the maintenance of a healthy gut flora.

Culturelle LGG contains *lactobacillus* GG, a bacterium which is thought to form a protective barrier of 'good' bacteria in the gut. Unlike other gut bacterial cultures already available, such as *acidophilus*, *lactobacillus* GG claims to be resistant to stomach acid and bile. Another advantage of *lactobacillus* GG is that it can be stored at room temperature and does not need refrigeration, as yoghurt-based *acidophilus* does.

Research has shown that *lactobacillus* GG and other 'good' bacteria, also known as probiotics, can help the body maintain a healthy gut and fight gastrointestinal problems such as traveller's diarrhoea and the gastro-intestinal side effects of some antibiotics.



Culturelle LGG comes in capsules and each one contains around 10 billion live bacteria. A bottle of 30 retails at £11.99.

Nordic Farmers Ltd.
Tel: 0171 801 6223.

Citrus drink for the morning after

Verve Get Up & Go, which has been available exclusively through Superdrug for the past year, is now available to independent pharmacies.

It is a citrus-flavoured drink, designed to give the body the help it needs to wake refreshed after food and alcohol the night before.

Taken in water before going to bed, it contains complex sugars and matrix wrapped amino acids. It is formulated to fuel the degradation of alcohol within the blood stream and liver, without depleting the body's usual carbohydrate reserves.

The production of gut and brain serotonin is also modulated to reduce the feeling of lethargy often associated with a hangover and to aid the processing of alcohol by the liver.

The product retails at £2.99 for five sachets.

Toiletry Sales Ltd.
Tel: 01484 862030.

Arkopharma turns to St John's Wort

Arkopharma has included St John's Wort in its portfolio of herbal medicines.

St John's Wort Arkocaps contain 500mg hypericin per capsule. Two capsules are recommended to be taken daily to help lift mood naturally. A pack of 60 capsules retails at £8.95.

Arkopharma UK Ltd.
Tel: 0181 763 1414.

A breath of fresh air from Robinson

Robinson Healthcare has relaunched its Easy Breathers dry vapour squares to coincide with the winter sales peak.

The product now comes in a brighter blue and yellow pack showing a vapour-rich square. Featuring the line 'for clear and easy breathing', the pack is designed to demonstrate more accurately the product's benefits.

Its natural formulation includes an aromatic blend of camphor, menthol, oil of wintergreen, pine and nutmeg oil.

Suitable for both adults and infants, the product has a retail price of £1.69 for a 30-tissue dispenser.

Robinson Healthcare.
Tel: 01246 220022.

Jan de Vries adds to Phytotherapy product range

Jan de Vries has added two new products to its Phytotherapy range.

Aloe vera complex contains a combination of aloe vera, German and Roman camomile, cardamom and milk thistle. This complex is thought to help maintain skin, digestive function, nervous system and metabolism.

Peppermint complex contains peppermint, fennel, angelica, centaury, tormentil and liquorice, all of which are thought to help improve digestive problems such as irritable bowel syndrome.

Aloe vera complex and Peppermint complex retail at £6.99 for 50ml.

Bioforce (UK) Ltd.
Tel: 01294 277344.

Nytol Herbal is up in the clouds

Stafford-Miller will be introducing a new look for its Nytol Herbal sleep aid in December.

Featuring stylish cloud images, the new packaging is designed to complement Nytol Original and Nytol One-A-Night.

Nytol Herbal (rsp £4.25) is a herbal remedy for natural sleep. Nytol Original and Nytol One-A-Night are aids to the relief of temporary sleep disturbance.

The Nytol range is being supported by a £2 million TV campaign until the end of the year.

● Since its launch in spring last year, Nytol Herbal has been the fastest growing herbal product in the sleep aid market (Nielsen July/August 1998).

Stafford-Miller Ltd.
Tel: 01707 331001.

New look for Radian-B

Roche Consumer Health is relaunching its Radian-B range of topical analgesic painkillers with a new look and range extensions.

Packaging has silver graphics with coloured pictures of the body indicate product suitability.

New is a 70g tube of Muscle Rub (rsp £2.89) and a 250ml pack of Muscle Lotion (rsp £4.49).

Roche Consumer Health.
Tel: 01707 366000.

Who can make their pessary work 50 times harder and retain natural pH balance?

Only Canesten can.

A unique lactic acid formulation

It's the lactic acid that makes the Canesten 500mg pessary unique. Not only does the pessary improve the local bioavailability of clotrimazole by 50 times more than other pessaries,[1] it also helps to control microbial growth, by retaining the vagina's naturally acidic pH.[2] So if it doesn't say Canesten it doesn't work like Canesten can.

Canesten® Combi

Clotrimazole 1%

Abridged product information for Canesten Combi. Presentation: A single Canesten 1 pessary (containing 500mg Clotrimazole BP), plus a 20g tube of Canesten cream (containing 1% Clotrimazole BP) **Indication and Dosage:** Pessary for candidal vaginitis; cream for associated vulvitis and treatment of sexual partner to prevent re-infection. **Adults (16-60):** The pessary should be inserted into the vagina using the applicator. The cream should be applied night and morning to the vulva and surrounding area and/or to the partner's penis to prevent re-infection. **Contra-indications:** Hypersensitivity to clotrimazole. **Warnings:** Pregnancy: Only under supervision of a doctor. **Side-effects:** Rarely local mild burning or irritation immediately after use. Hypersensitivity may occur. **Legal category:** P. **Package quantity and cost price:** 1 x 500mg pessary packed in foil, plus a 20g tube of Canesten Cream. An applicator for the pessary is included, £4.50 (PL 0010/0016R (cream) (PL 0010/0083 (pessary)) **Product Licence holder:** Bayer plc, Consumer Care Division, Bayer House, Strawberry Hill, Newbury, Berkshire, RG14 4JA. **Date of preparation:** March 1998

REFERENCES: 1. Ritter W. Pharmacokinetic fundamentals of vaginal treatment with clotrimazole. Am J Obstet Gynecol 1985; 152: 945-947. 2. Pharmaceutical Codex. Twelfth Edition. p175.

Prescribing Information

E45 Emollient Wash cream
White, non foaming, creamy emollient soap substitute which contains Paraffinum Liquidum, Cera Microcrystallina, Zinc Oxide, Laureth-4, Polyethylene, Cetyl Dimethicone, Aluminium Stearate, BHT, Stearic Acid.

Uses
For washing of dry, itchy skin conditions such as eczema, dermatitis ichthyosis and psoriasis.

Dosage and Administration
Adults and children: Use as required.

Contra-indications, Warnings etc
E45 Emollient Wash cream should not be used by patients who are sensitive to any of the ingredients. Patients should take care not to slip when using before bathing and showering.

Package Quantities 250ml pump pack.

Basic NHS cost 250ml £2.75.

Status ACBS listed.

Manufacturer Crookes Healthcare Ltd, Nottingham NG2 3AA.

Date of Preparation
October 1998.

E45 Cream
White, smooth emollient cream which contains White Soft Paraffin BP 14.5% w/w, Light Liquid Paraffin Ph Eur 12.6% w/w, and Hypoallergenic Anhydrous Lanolin 1.0% w/w.

Uses
For the symptomatic relief of dry skin conditions where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis.

Dosage and Administration
Adults and children: Apply to the affected part two or three times daily.

Contra-indications, Warnings etc
E45 Cream should not be used by patients who are sensitive to any of the ingredients.

Package Quantities
Tubes containing 50g.
Tubs containing 125g and also 500g.

Basic NHS Cost
50g £1.18, 125g £2.39, 500g £5.61.

Legal Category GSL.

Product Licence Number
PL0327R/5904.

Product Licence Holder
Crookes Healthcare Ltd, Nottingham NG2 3AA.

Date of preparation
October 1998.

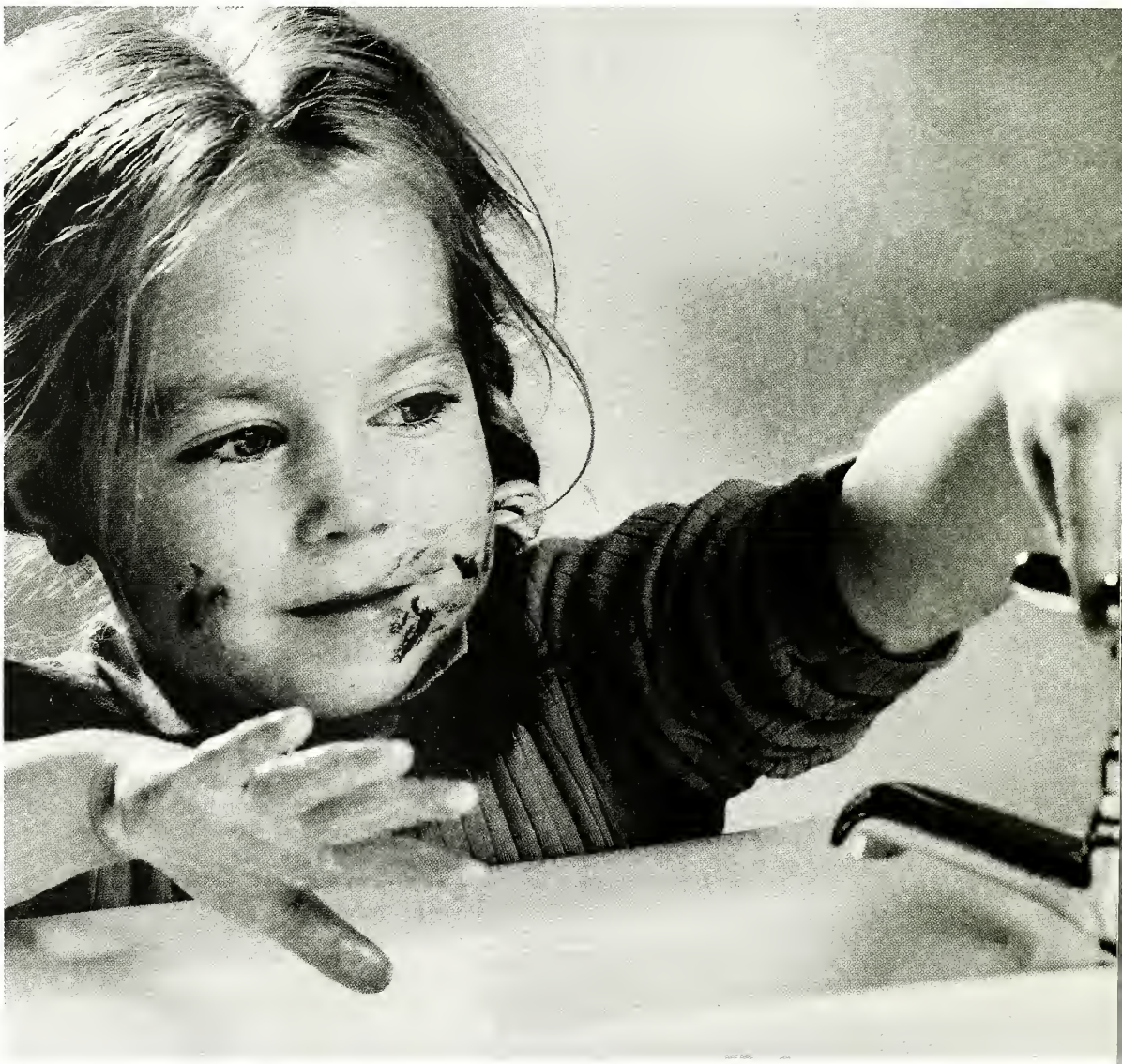
E45 Emollient Bath oil
Further information is available on request from Crookes Healthcare Ltd, Nottingham NG2 3AA.

Legal Category ACBS listed.

Date of preparation
October 1998.

References.
1. Berth Jones J, Graham Brown RAC. *J Dermatol Treat* 1992; 3: 9-11. 2. Blaszczyk-Kostanecka M, Prystupa K, Shaukat N. Poster presented at EADV, Nice, 1998. 3. Cork MJ. *J Dermatol Treat* 1997; 8: S7-S13.

Emollient therapy isn't complete without a good wash.



The harsh action of soap makes eczema worse.

That's why E45 Wash was formulated. As a non-drying *emollient* cleanser, E45 Wash is unique.

E45 Wash has clinically proven benefits in the management of eczema.[1] *And now,* recent evidence proves how effective it is when used in combination with E45 Cream and E45 Bath, as E45 Complete Emollient Therapy.[2] In fact, mild to moderate childhood eczema can often be managed using complete emollient therapy alone.[3]

Just as importantly, E45 Complete Emollient Therapy is pleasant to use which means compliance. It's why E45 is called Complete Emollient Therapy.

DERMATOLOGICAL E45 Complete Emollient Therapy™

Get into the spirit with Bayer's Santa's Grotty

Bayer has designed a fun 'Santa's Grotty' Alka-Seltzer XS counter display unit which will be available to pharmacies throughout the Christmas period.

The eye-catching unit features the Alka-Seltzer Agave worm dressed as Santa Claus, looking like he has been to one too many Christmas parties.

The unit has been designed to remind people to stock up with the product in preparation for over-indulgence at Christmas.

Other display material with the same theme is also available for pharmacies.

Ceuta Healthcare.
Tel: 01202 780558.

'Face of the flames' is back on TV

Reckitt & Colman Products is supporting Gaviscon with a TV campaign over the Christmas period.

The company is reshowing its 'face of the flames' commercial as it is the seasonal high point for sales of indigestion and heartburn remedies.

The commercial is being shown in all TV areas until November 30 and from December 21 to January 2.

Reckitt & Colman Products Ltd.
Tel: 01482 326151.

SB updates its merchandising advice

SmithKline Beecham has updated its category management merchandising guidelines for pharmacists to take into account recent pack size changes on products containing paracetamol.

The jargon-free brochures contain unbiased information for space planning in the analgesics, respiratory tract and GI categories for both GSL and Pharmacy-only fixtures.

The focus is on easy-to-implement, step-by-step planning with marketing information kept to the minimum required to rationalise category management decisions. With OTC medicines representing 34 per cent of non-prescription sales, pharmacists can equate this to about one-third of available OTC selling space.

Visual planograms and detailed brand information is available.

SmithKline Beecham Consumer Healthcare.
Tel: 0181 975 3868.

AAH and Reckitt & Colman join forces

AAH Pharmaceuticals has joined forces with Reckitt & Colman to help drive sales in the cough and cold category.

AAH has asked Reckitt & Colman to carry out a programme of investigations into the merchandising of cough and cold remedies in Vantage pharmacies.

Planograms will be drawn up to show pharmacists how to merchandise a tightly defined product group. These will be introduced in 50 Vantage pharmacies across the UK. If successful, the roll out will take place next winter.

AAH Pharmaceuticals Ltd.
Tel: 01203 432400.

Actually the first thing she thinks of is a cigarette.
But NiQuitin CQ and her pharmacist's advice helped her get over it. When recommended NiQuitin CQ, she also enrolled in the Committed Quitters Stop Smoking Plan.

The continuous support she receives is personalised just for her, keeping her motivated and in control.
She knew the mornings would be tough.
But she was confident her NiQuitin CQ patch would

NiQuitin CQ Product Information. Presentation: Matt, pinkish-tan, square, transdermal patches. Available in three strengths (sizes): NiQuitin CQ Step 1 (containing 116 mg nicotine per 22 cm^2 patch), NiQuitin CQ Step 2 (containing 78 mg nicotine per 15 cm^2 patch), and NiQuitin CQ Step 3 (containing 36 mg nicotine per 7 cm^2 patch), delivering 21 mg, 14 mg, 7 mg nicotine respectively in 24 hours. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use as part of a smoking cessation plan. **Dosage and administration:** Patch users must stop smoking completely. For a habit of 10 or more cigarettes a day, start with Step 1 for 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. For a habit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 3 for 2 weeks. For best results complete full course of treatment. Do not use for more than 10 consecutive weeks. If patients still smoke or resume smoking they should seek doctors' advice before using a further course. Apply patch to clean, dry skin site once a day preferably soon after waking. Remove patch after 24 hours and apply new patch to a fresh skin site. Patches removed before going to bed. However, 24 hour use is recommended for optimum effect morning cravings. Wear only one patch at a time. When handling patch avoid touching eyes Wash hands after use in water only. **Contraindications:** Use by non-smokers, occasional s or children. Hypersensitivity to the patch or its components. **Precautions:** Use only on advice in cardio-vascular disease (e.g. angina, stroke, arrhythmias, severe peripheral disease, recent myocardial infarction), uncontrolled hypotension; severe renal or impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, phaeochromocytoma or eczematous dermatitis. Concomittant medication may need dose adjustment due to nicotine levels; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, adrenergic blockers may need dose decrease; adrenergic agonists may need dose increase. should be warned not to smoke or use other nicotine-containing patches or gums whe

SB

he's just waking up
The first thing she'll think of is her pharmacist

lieve enough of the cravings to keep her calm
day. And why does she think of her pharmacist?
cause that's where she got the right recommendation
d advice to make her success possible.

NEW

NiQuitin CQ®
Nicotine
STOP SMOKING AID

uitin CQ. Keep safely away from children. **Side effects:** Transient rash, itching, burning, ling at site of application should resolve on removal of patch; rarely, allergic skin reactions. asionally, tachycardia. Other systemic effects may relate either to using patches or smoking ation: nausea, mild stomach upset, constipation, cough, sore throat, dry mouth, muscle/joint , headache, weakness, flu type symptoms, dizziness, sleep disturbance. Mild effects should lve with continued use; if troublesome, Step 1 users can step down to Step 2 for remainder of al 6 weeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation** incl. trying to ome pregnant: Use only on advice of a doctor. **Legal category:** P. **Product licence** nber: NiQuitin CQ 21 mg (Step 1) 00079/0347; NiQuitin CQ 14 mg (Step 2) 00079/0346; uitin CQ 7 mg (Step 3) 00079/0345. **Product licence holder:** SmithKline Beecham Consumer lthcare, Brentford, TW8 9BD, U.K. **Pack size and RSP:** All strengths 7 patches £19.95. **Date** preparation: September 1998. NiQuitin CQ, CQ and Committed Quitters are trade marks.

HELP HER STAY CALM, IN CONTROL – AND QUIT

P&G takes a lighter approach to making faces

Procter & Gamble launch a new compact powder foundation in its Oil of Ulay range in the New Year (*C&D* October 31, p20).

Ulay More than Powder Make-up is formulated to give the coverage of a liquid but to deliver it in a light, easy-to-apply powder form. A specially shaped sponge applicator has been developed to provide the optimum finished look.

The make-up is oil-free and suitable for dry, oily and combination skin types.

The product is available in four shades – Fair Porcelain, Porcelain, Soft Ivory and Gentle Beige. Retail price will be £9.99.

Procter & Gamble (Health, Beauty & Cosmetics) Ltd.
Tel: 01932 896000.

Two in one treatment is right on the spot

Stiefel Laboratories has launched a new two-in-one spot control treatment product.

Panoxyl Wash 10 combines 10 per cent benzoyl peroxide with a face wash. As a wash, it can be broadly applied to other areas of the body that are susceptible to acne including the chest, back and shoulders.

The company expects the incidence of irritation to be low because the benzoyl peroxide is diluted in water.

It will be supported by a public relations campaign during the winter.

Retailing at £7.05, the product is available exclusively to pharmacists.

Stiefel Laboratories (UK) Ltd.
Tel: 01628 524966.

New Carex opportunity from Cussons

Cussons has introduced a new antibacterial hand gel and hand lotion in its Carex range.

Carex Antibacterial Moisturising Hand Gel is formulated to kill germs and remove odours without the need for water or towels.

The non-sticky gel is pH neutral and comes in two variants - Standard and Eucalyptus. It is suitable for out of home usage, eg while travelling, on picnics and at work. Available in a 100ml pack, it retails at £1.99.

Neill Craigie, Cussons sales director, predicts: "rather than cannibalising Carex Handwash sales, the new product's proposition will generate new sales opportunities for the brand".

He estimates that the antibacterial hand gel market (currently worth under £1 million) will grow to around £6m in the next year.

The product will be supported by a £0.5m press, poster and sampling campaign from the end of January until March. Targeted at current Carex users, the campaign will focus on the product's convenience, portability and efficacy.

In-store PoS material for pharmacies includes shelf trays and a consumer leaflet on bacteria and good hygiene.

Carex Hand Lotion is formulated to offer germ and moisture protection for up to eight hours. It comes in a 250ml pump pack (rsp £2.99) and a 75ml tube (rsp £1.59). White packaging differentiates the lotion from other products in the range.

From January, a sachet of the hand lotion will be attached to packs of Carex Handwash in a consumer promotion designed to introduce the new product to existing Carex users.

The hand lotion will be supported by a £1.5 million TV campaign next February and March.

Cussons (UK) Ltd.
Tel: 0161 491 8000.

Quickies to appeal to the teen market

Jeyes is introducing a new Quickies range of cosmetic wipes designed to appeal to the teen market.

The range comprises five products - dual cleansing and toning wipes for problem and delicate skin, ordinary and waterproof eye make-up remover and nail varnish remover.

The products incorporate larger, more substantial pads with non-greasy, active ingredients including soothing aloe vera gel and antibacterial tea tree oil for delicate and problem skin.

The packaging features bright colours and a silver logo. All five products retail at £1.99 for around 20 pads.

The relaunch will be supported by press advertising from the New Year.

Jeyes UK Ltd.
Tel: 01842 754567.

A close shave for sensitive men

Beiersdorf is adding Sensitive Shaving Gel to its Nivea for Men range.

The gel is specially designed for men with sensitive skin or who have reactions to shaving. It provides a rich and creamy foam with a soothing formulation.

Ingredients include allantoin and bisabolol to soothe the skin, and aloe vera to moisturise. The product is dermatologically tested and pH neutral. It retails at £4.75 for 200ml.

Men's style press and national radio advertising will support the range.

Beiersdorf UK Ltd.
Tel: 01908 211444.

ABBREVIATED PRODUCT INFORMATION.

Tixylix Catarrh Syrup[1] Contains 7 mg Diphenhydramine Hydrochloride BP and 0.55 mg Menthol BP in 5 ml. For the relief of chesty coughs, catarrh and nasal congestion. **Dosage:** Children 1-5 years 5 ml, children 6-12 years 10 ml. Administer four times a day. Not for children under 1 year of age. **CI:** Hypersensitivity, acute porphyria. **Precautions:** Caution in conditions aggravated by anticholinergic therapy, severe liver disease, severe kidney disease, severe lung or heart disease, asthma, thyroid disease or depression, hepatic failure. **SE:** Sedation is the most common effect. Occasionally, allergy, anaphylaxis and anticholinergic effects, tremors, paradoxical excitability, rash. **Interactions:** Tricyclic antidepressants, hypnotics, anxiolytics or antihistamines. P. PL 0427/0049. **PL Holder:** Rosemont Pharmaceuticals, Braithwaite Street, Leeds. **Tixylix Night-Time / Tixylix Night-Time SF**[1] Original and sugar-free linctuses containing 1.5 mg Promethazine Hydrochloride BP and 1.5 mg Pholcodine BP in 5 ml. For the symptomatic relief of cough and colds in children; especially useful for irritating night cough. **Dosage:** Administer two or three times a day. Children 1-2 years 2.5 ml, children 3-5 years 5 ml, children 6-10 years 5 to 10 ml. **CI:** Hypersensitivity. **Precautions:** Caution in asthma, cardiovascular disease and epilepsy. If symptoms persist for more than 7 days consult a doctor. **SE:** Drowsiness can occur but this is not considered an undesirable effect. Other effects could include dry mouth, headache, fatigue, dizziness, palpitations, stomach upset and rash. **Interactions:** Alcohol, tricyclic antidepressants, hypnotics, anxiolytics, antihistamines or opioid analgesics. P. PL 0030/0080 & PL 0030/0081.* **Tixylix Inhalant**[2] Contains 25 mg Menthol BP, 20 mg Eucalyptus Oil BP, 60 mg Camphor BP and 50 mg Turpentine Oil BP per capsule. For the relief of head colds, catarrh, flu and hayfever. **Administration:** Babies 3 to 12 months: sprinkle contents onto a handkerchief. Place out of reach of the baby. Children 1 year and over: sprinkle onto bed-linen, pillow or night-wear at night. Tip the contents of one capsule into a pint of hot water and inhale the vapours. Always use under parental supervision. **CI:** Hypersensitivity. **Precautions:** For external use only, avoid direct contact with the skin, eyes or nostrils. GSL. PL 0030/0083.* **Tixylix Daytime**[1] Contains 4 mg Pholcodine Ph Eur in 5 ml. A cough suppressant. **Dosage:** Administer six hourly as required. Children 1-2 years 2.5 ml, children 3-5 years 5 ml, children 6-10 years 5 to 10 ml. **CI:** When cough suppression is inadvisable. **SE:** Nausea and drowsiness. P. PL 0030/0090.* **Tixylix Chesty Cough**[1] Contains 50 mg Guaiphenesin Ph Eur in 5 ml. Relief of chesty coughs, hoarseness, and sore throats. Helps loosen mucus to make breathing easier. **Dosage:** Administer 4 hourly. Children 1-2 years 2.5 ml, children 3-5 years 5 ml, children 6-10 years 5 to 10 ml. **Precautions:** Should not be taken with a cough suppressant. GSL. PL 0030/0082.* **Tixylix Cough and Cold**[1] Contains 20 mg Pseudoephedrine Hydrochloride BP, 2 mg Chlorpheniramine Maleate BP and 5 mg Pholcodine Ph Eur in 5 ml. Cough suppressant and decongestant. **Dosage:** Administer six hourly as required. Do not exceed three doses in 24 hours. Children 1-2 years 2.5 ml, children 3-5 years 5 ml, children 6-10 years 5 to 10 ml. **CI:** Hypersensitivity, tachycardia and severe cardiac disorders. Those taking MAOIs or who have taken MAOIs in the last two weeks. Not recommended during an acute asthmatic attack. **Precautions:** Caution with epilepsy, severe diabetes mellitus, hyperthyroidism and hepatic insufficiency. **SE:** Drowsiness can occur but this is not considered an undesirable effect. Other effects could include dry mouth, headache, fatigue, anxiety, restlessness, dizziness, stomach upset, palpitations, tachycardia and rash. **Interactions:** MAOIs, tricyclic antidepressants, hypnotics, anxiolytics, antihistamines, decongestants, or opioid analgesics. P. PL 0030/0089.* **Retail prices** - 1. £2.69. 2. £1.85. **PL Holder** – * NOVARTIS Consumer Health, Wimblehurst Road, Horsham, West Sussex RH12 5AB.

NOVARTIS

What makes Tixylix® No.1 for kids?

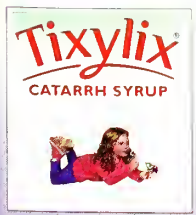
(It's never been made for adults. Sorry!)

Tixylix is the No.1 range of children's cough and cold medicines. We work hard to get the flavour right because we know if medicine tastes good it's easier to take.

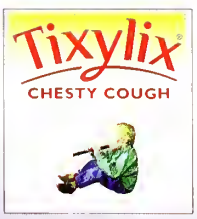
And, with a wider range than any other children's cough and cold medicine it's no surprise Tixylix continues to outsell the nearest competitor nearly twice over.*

So with **over £2 million national TV support** for the brand this winter make sure you recommend Tixylix, and continue to enjoy the many tastes of success.

Recommend Tixylix – It's specially made for children

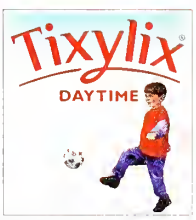


Diphenhydramine
Menthol



Guaiphenesin

Pholcodine
Pseudoephedrine
Chlorpheniramine



Pholcodine

Pholcodine
Promethazine

Pholcodine
Promethazine

Menthol,Camphor
Eucalyptus
Turpentine Oil

* Nielsen data on file

For further information on winter bonuses please contact Sales Support on 01403 323 955. Novartis Consumer Health, Wimblehurst Road, Horsham, West Sussex RH12 5AB. Tel. 01403 210211.

IN BRIEF

St John's Wort helpline

A St John's Wort Information Centre has been set up to provide information, research updates and news of scientific and medical advances of this herb. Headed by medical herbalists Dr Ann Walker and Dr Alan Lakin, the centre runs a helpline for healthcare professionals and consumers.
St John's Wort Information Centre
Tel: 0118 926 5753.

Beautiful news for Tesco

Tesco's own brand cosmetics range, called Make-up, scooped the Best New Cosmetic and the Best Cosmetic Product titles at the recent *New Woman Magazine* beauty awards. Introduced in the summer, the range was developed in collaboration with top make-up artist Barbara Daly. All the items sell for less than £5.

Christmas camera campaign

Fujifilm is supporting its range of Fotonex Advanced photo system cameras with a £750,000 national press advertising campaign in the run up to Christmas.
Fuji Photo Film (UK) Ltd.
Tel: 0171 586 5900.

Dental care winner

Glide Floss has won the Best Dental Care product title in the *FHM* men's style magazine grooming awards. The judging panel voted for the product on its ability to remove plaque, improve gum health and also the ease in which the floss slides between closely spaced teeth without leaving irritating fibres behind.
Glide Products.
Tel: 0800 660044.

Nicobrevin relaunch helps UK smokers kick the habit

Cedar Health is relaunching the Nicobrevin smoking cessation brand in the UK.

Eye-catching new packaging is being introduced for the brand, which is one of Europe's leading smoking cessation products. New, too, is a user-friendly in-pack leaflet and a dosage compliance card.

The product's ingredients include menthyl valerate, quinine, camphor and eucalyptus. Each pack (rsp £28) contains a complete 28-day course comprising 48 capsules.

The brand is being backed by a £0.5m support campaign, including advertising in national newspapers.
Cedar Health Ltd.
Tel: 0161 483 1235.

Heavy smokers can chew over Nicotinell

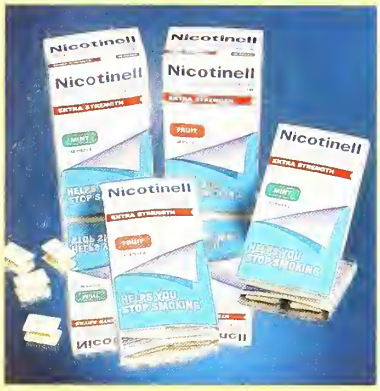
Novartis Consumer Health is extending its Nicotinell nicotine replacement therapy range with a new gum variant.

The new 4mg gum is specially designed for heavier smokers – those who smoke more than 20 cigarettes a day. Available in fruit and mint flavours, it retails at £2.69 (12 pack) and £9.99 (48 pack).

As with the existing 2mg gum, it should be used for a period of three months and then users should gradually reduce the number of pieces of gum chewed each day until they have stopped using the product.

Some customers may prefer to reduce their dosage with Nicotinell 2mg gum as part of a step reduction programme after the initial three-month period.

A new 48 pack size has also been introduced for the existing 2mg gum variant (rsp £8.99).



The Nicotinell range is being backed with a £1.7 million support campaign during the key winter selling season. New press advertising in national newspapers and weekly magazines focuses on consumers being able to 'feel free' because 'nothing can touch the feeling when you quit smoking'.
Novartis Consumer Health.
Tel: 01403 210211.

The Clean Crusaders go into action

Johnson & Johnson MSD Consumer Pharmaceuticals is launching a new Ovex campaign to help prevent future threadworm infection.

The 'Clean Crusaders' campaign is aimed at primary school children, parents, teachers and nurses. It comprises an entertaining hygiene video involving children, puppets and music plus support literature which is available for £4.99 (including p&p).

Advertising support for Ovex and the Clean Crusaders campaign is appearing in parenting, teaching and nursing titles.

In-store showcards, leaflets and posters are available for pharmacies.
Johnson & Johnson MSD Consumer Pharmaceuticals.
Tel: 01494 450888.

ON TV NEXT WEEK

Askit: GTV, STV, C4, GMTV

Beechams Flu Plus Caplets: U

Benylin: All areas plus C4

Deep Relief: C4, C5

Deflatine: GTV, STV, B, G, Y, TT

Gaviscon: All areas except CTV, GMTV, TSW

Prosport: Sat

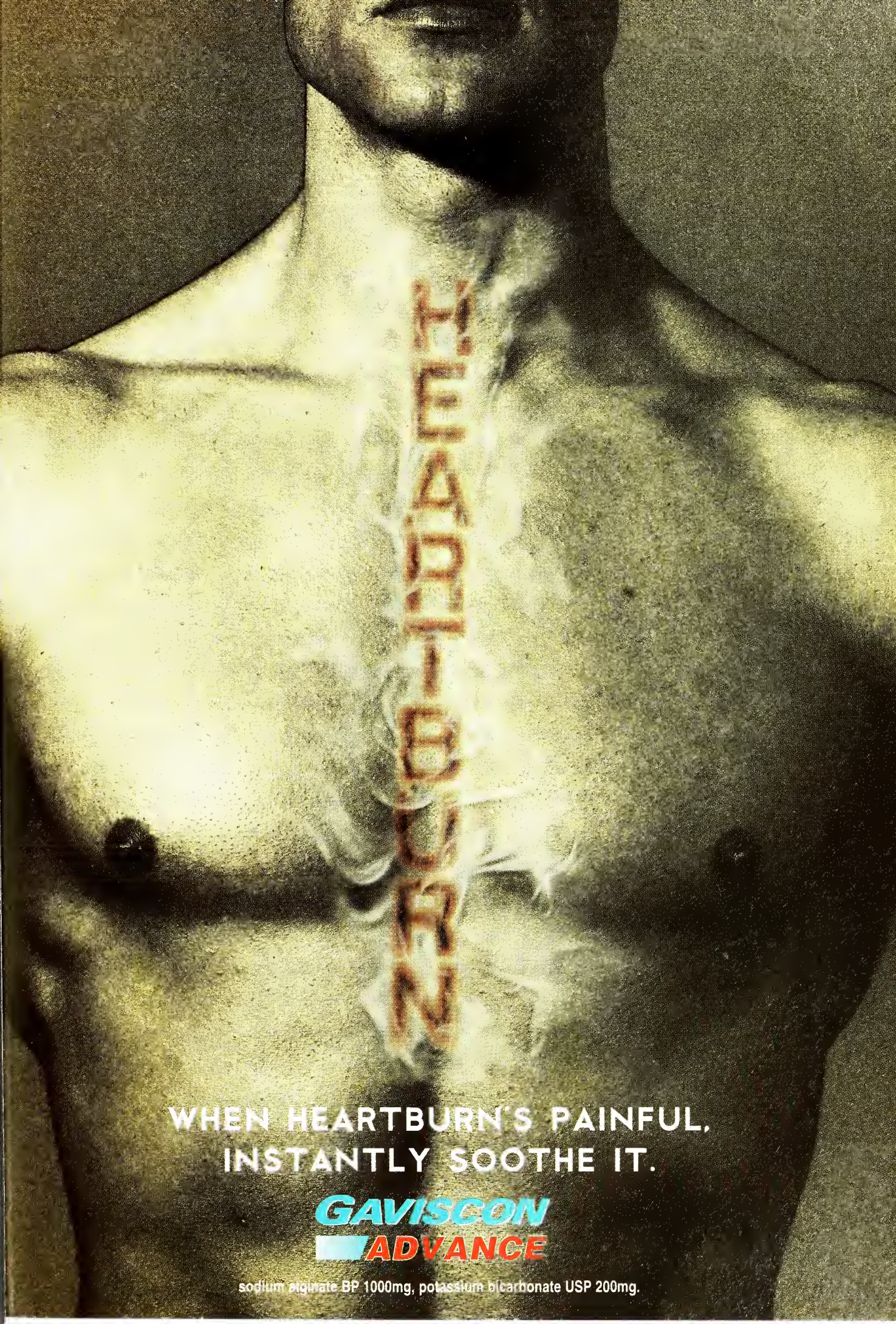
Ralgex: Sat

Regaine Extra Strength: Sat

Rennie: All areas except CTV

Seven Seas Extra High Strength Cod Liver Oil: C4, C5

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire



WHEN HEARTBURN'S PAINFUL.
INSTANTLY SOOTHE IT.

GAVISCON ADVANCE

sodium alginate BP 1000mg, potassium bicarbonate USP 200mg.

Health improvement programmes are another chance for pharmacists to become involved with primary care at local level, says the PSNC's Mike King. Now is the time for local pharmaceutical committees to make their mark

The aim is improved health

Traditionally, health services focus on treating people who become ill. While this will remain the foundation of the NHS, the emphasis on health promotion and illness prevention is growing.

The White Paper 'The New NHS – Modern and Dependable' and the Green Paper 'Our Healthier Nation' set out changes to health policy based on strategies to promote good health and keep people healthy. This means taking a more holistic view of healthcare by recognising aspects of life such as poor housing, education and transport. Essentially, health improvement programmes are the vehicle for delivering this strategy.

A HImP involves the Health Service working with other agencies to define the health needs of the population. These needs are then prioritised taking into account national targets. At present, these focus on the four main areas of coronary heart disease, cancer, mental health and accident prevention. Local needs are determined by the report of the director of public health, and could include areas like smoking cessation, unwanted teenage pregnancies, asthma and diabetes.

Health authorities have the overall responsibility for developing HImPs, which will be a rolling three year strategy reviewed every year. Guidance from the NHSE specifies pharmacists as one of the partners with whom each HA must work in drawing up its HImP.

Joseph Lamb

Health improvement programmes will cover:

- the main healthcare requirements for local people, and how local services should be developed to meet them, either directly by the NHS or, where appropriate, jointly with Social Services
- the range, location and investment required in local health services to meet the needs of the local people

The New NHS

Having put together its HImP, each HA will pass it down to its primary care groups to deliver, within a framework of targets and monitoring. There will be considerable pressure on PCGs to attain their targets. LPCs should be working with both HAs and PCGs to secure the involvement of community pharmacy and demonstrate how contractors can help PCGs achieve their targets.

For example, LPCs could negotiate service agreements with PCGs to provide blood testing services and lifestyle advice as a cost-effective way to reach targets for reducing coronary disease (guidance on preparing this and other service agreements is available from PSNC).

Table 1 (p22) summarises the health improvement programme cycle.

Needs assessment

Sound assessment of the present health and quality of life of local people is the starting point for the HImP. LPCs can contribute to this by determining local pharmaceutical needs.

The Green Paper 'Our Healthier Nation' is the Government's assessment of national health needs and priorities. Each HImP will provide a mechanism for reflecting local needs and it is, therefore, important for pharmacists to have an understanding of needs assessment which will determine the range and location of their local healthcare services.

The director of public health's annual report (which should be studied closely by LPCs) contains the results of local needs assessment. It will identify priority areas of health improvement for the locality and this,

Continued on P22 →

Senokot Essential Information

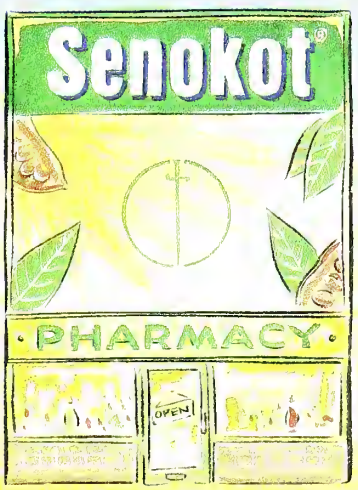
Active Ingredients: Each tablet contains standardised senna equivalent to 7.5mg total sennosides. Each 5ml spoonful of Syrup contains standardised senna extract equivalent to 7.5mg total sennosides. Each 5ml (2.73g) spoonful of chocolate Granules contains standardised senna equivalent to 15mg total sennosides. **Indications:** Relief of constipation. **Dosage Instructions:** Adults and children over 12 - Two Tablets in 24 hours, or Two 5ml spoonfuls of Syrup, or a level 5ml spoonful of Granules, taken at night; Children 6-12 - One 5ml spoonful of Syrup, taken in the morning. Tablets and Granules to be taken only on a doctor's advice. Children under 6 - Syrup to be taken only on a doctor's advice. Tablets and Granules not recommended. **Contra-indications:** In common with other laxatives Senokot should not be given when undiagnosed acute or persistent abdominal pain is present. **Precautions and warnings:** If there is no bowel movement after three days consult a doctor. If laxatives are needed every day or abdominal pain persists consult a doctor. Senokot is colon specific. Senokot Syrup and Granules contain sugar. Senokot Tablets are sugar free. **Side Effects:** Temporary mild griping may occur during change in dosage. **Retail Sale Price:** Tablets: 20 Tablets - £1.75, 60 Tablets - £3.99, 100 Tablets - £4.79. Syrup: 100ml - £3.05. Granules: 100g - £4.49. **Marketing Authorisations:** Senokot Tablets 0063/5000R, Senokot Syrup 0063/5003R, Senokot Granules 0063/5002R. **Supply Classification:** Through registered pharmacies only. **Holder of Marketing Authorisations:** Reckitt & Colman Products Limited, Dansom Lane, Hull HU8 7DS. **Date of Preparation:** August 1998. Senokot and the sword and circle symbol are trademarks. Reference: 1. IRI data, July 1998.

Reckitt & Colman Products Limited

RECOMMEND SENOKOT YOUR PHARMACY ONLY BRAND

Senokot - the only senna product exclusive to sale through pharmacy

Senokot - the Number One cash rate of sale laxative[1]



Senokot®

Natural standardised senna

Predictable overnight constipation relief.

→Continued from P20

in turn, identifies which services need to be commissioned and the level of demand.

LPCs wanting to negotiate additional local services can find out what the local needs are, and then look at the range of pharmaceutical services that might be commissioned by a PCG or HA to satisfy those needs.

There are many definitions of health need, but a good approach is to think of it as the capacity to benefit from healthcare. Needs assessment gathers the information necessary to bring about beneficial change to the health of the population.

So how should an LPC proposal on pharmaceutical needs be put together? The good news is that there may be no need to do it! The first thing LPCs should do is to check with their HA (the pharmaceutical adviser is a good place to start) to see if it is already being done. If nothing appears to be happening at HA level, LPCs should start working on their own proposals for discussion with the authority.

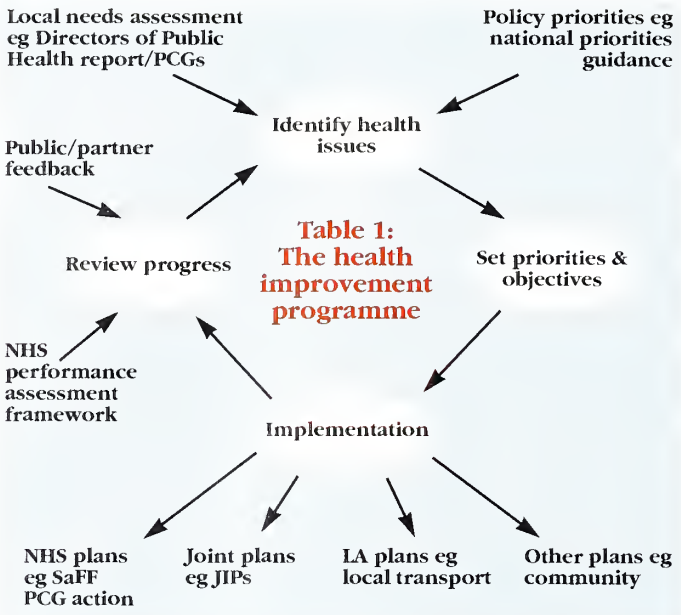


Table 1: The health improvement programme

A source of information

The director of public health's report is vital. The report usually contains huge amounts of information but areas of particular value include:

- **the total resident population of the locality**
- **the age and sex distribution of the resident population – when compared to national data this will give variations in percentage of the elderly, young adults, under fives etc**
- **ethnicity – the percentage of ethnic minorities can be determined and compared to national data. Significant variations in patterns of illness between ethnic minorities and the indigenous population must be taken into account**
- **socio/economic status – this is measured through a variety of variables such as percentage of single parents, unemployment, overcrowding, over 65s, under fives etc, and identifies inequalities both within and between localities. Economic deprivation and poor living conditions are linked with poor health and a higher incidence of premature death.**
- **infant mortality – this is a sensitive indicator to the overall health of the resident population**
- **low birth weight babies – it has been established that these carry an increased risk of illness throughout life**
- **death rates – these are usually expressed as standardised mortality ratios, comparing local with national rates. Death rates may be grouped in age range and based on diseases groups or 'Our Healthier Nation' targets**
- **hospital admissions**

In putting together a proposal for the HA/PCG on local pharmaceutical needs, an LPC will need to:

- assess relevant information from the director of public health's report
- assess health needs priorities
- assess the extent to which the identified health needs are being met by present pharmaceutical services
- plan what interventions are needed to address any problems
- plan what new services are needed to address new identified targets
- set out how the changes will be evaluated.

Another baseline for the HImP is to identify how resources are currently being deployed and consider options for improvement. There will be a broad data base ranging from the availability of community pharmacies and other primary care services through to Social Services, housing and education, social support networks, voluntary sector provision, access to shops, transport etc.

Priorities

As the capacity to benefit from healthcare will always be greater than resources available, priority setting is used to improve health by the most effective and efficient method. Priorities will vary depending on the local demography and health data.

Having identified priority health needs, current pharmaceutical services must be assessed to determine the extent to which these identified needs are being met. The relationship between need, demand and supply must be examined.

- Is there a suitable service in place to meet the identified needs?
- Does the service meet the demand?
- Is there sufficient available access to the service to allow equality of care within the locality?

Having assessed priorities in current services, unmet healthcare needs should be identified. Plans can be drawn up within HImPs for changes needed to address any current problems, and for new pharmaceutical services to address new identified targets.

The next phase

PSNC is encouraging LPCs to take the following actions:

- find out who is responsible for HImPs at the HA. Make contact and arrange to provide information on what community pharmacy can contribute
- promote the value of community pharmacy services to local authorities identifying those individuals who will be working with the health authority on HImPs
- evaluate health needs within the locality where community pharmacy can contribute solutions by providing additional services
- continue to maintain good relationships with the director of public health, CHCs and Social Services
- LPCs have also been advised previously by the PSNC to contact lead GPs within PCGs. This contact can also be used to promote pharmacists' involvement with HImPs
- consider what services the LPC may wish to offer to PCGs. The PSNC's local initiative database is an invaluable information source for LPCs.

The time has come to talk, not about funding for local 'one off' projects, but about funding for services. Many local pharmacy services have already been piloted and the details are on the PSNC's information database. This information, together with model bids, is available on request.

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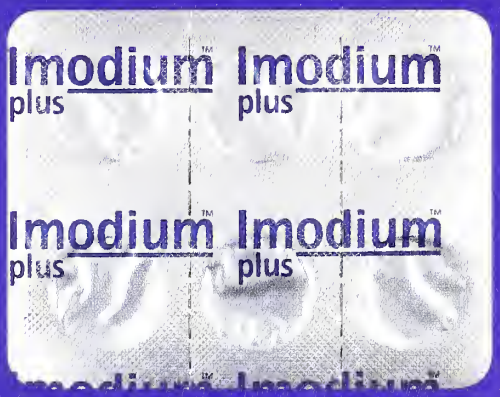

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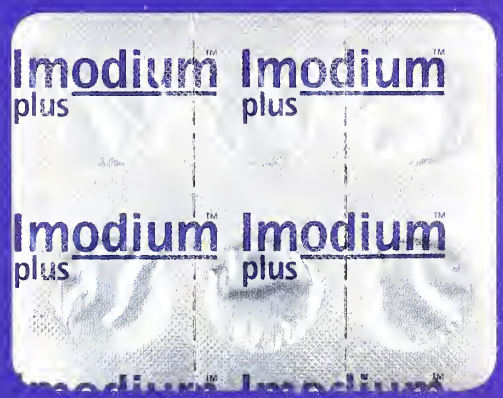

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The new 18 pack

Now in 18 tablet packs, Imodium Plus is better value for your customers, so it's even easier to recommend. The unique diarrhoea formulation that's clinically proven to offer a new level of speed and symptom relief.* Only available through pharmacies.

More relief than loperamide alone.*

Johnson & Johnson ◦ MSD
CONSUMER PHARMACEUTICALS

For further information contact your Johnson & Johnson ◦ MSD Territory Manager or write to: Enterprise House, Station Road, Loudwater, High Wycombe, Buckinghamshire HP10 9UF. Tel: 01494-450778. *Ref: Kaplan M. *et al* Gastroenterology 1997; (4,suppl)

Just what is the secret behind the phenomenal growth of Meltus?

Your recommendation and our support

Thanks to your recommendation and TV advertising, Meltus is the fastest growing major cough brand in pharmacy (+36% YOY)[1], in a market that only grew by 8%. It was also the Number Two brand in pharmacy last winter[2].

In fact, your recommendations have helped sales grow by an incredible 60% over the last four years[3].

Meltus is the only major range of cough medicines with a product for all types of cough, and every member of the family, including babies from 2 months.

BACK ON TV THIS WINTER

With an eye-catching National TV campaign running throughout December, featuring an exciting ALL-NEW commercial, plus our superb deals, sales of Meltus are bound to be blooming marvellous - and that's no fairytale!

Seton Scholl Healthcare plc

Meltus is a Trade Mark of Seton Scholl.

MELTUS

Helps Melt Away Coughs - Fast

ADULT MELTUS EXPECTORANT FOR CHESTY COUGHS AND CATARRH ESSENTIAL PRODUCT INFORMATION. Presentation: Oral liquid. Each 5ml contains 100mg Guaifenesin BP, 2.5mg Cetylpyridinium Chloride BP, 1.75g Sucrose BP, 0.5g Purified Honey BP. **Indications:** For the symptomatic relief of coughs and catarrh associated with influenza, colds and mild throat infections. **Dosage and Administration:** Adults and Children aged 12 years and over, one or two 5ml spoonfuls to be taken and swallowed slowly every three or four hours. Not recommended for children under 12 years. **Contraindications, Warnings, etc:** *Contraindications:* None known. *Warnings:* Not suitable for children under 12 years. Very large doses can cause nausea and vomiting. Gastro-intestinal discomfort and mild drowsiness have been reported. *Use in pregnancy and lactation:* No known contraindications. *Side effects:* None known. **Legal Category:** GSL. **Packs:** 100ml and 200ml. **Price:** 100ml £2.51 excl VAT, 200ml £3.73 excl VAT. **P.L. Number:** 0338/5026R. *P.L. Holder:* Cupol Limited, King Street, Blackburn BB2 2DX. **Date of Preparation:** July 1998. **Further information is available on request from Seton Scholl Healthcare plc, Tubiton House, Oldham OL1 3HS.**

JUNIOR MELTUS SUGAR & COLOUR FREE EXPECTORANT FOR CHESTY COUGHS AND CATARRH ESSENTIAL PRODUCT INFORMATION. Presentation: Oral Liquid. Each 5ml contains 50mg Guaifenesin BP, 2.5mg Cetylpyridinium Chloride BP, Alcohol. **Indications:** For the symptomatic relief of coughs and catarrh associated with influenza, cold and mild throat infections. **Dosage and Administration:** To be taken three or four times daily. Children over 6 years: Two 5ml spoonfuls. Children 1-6 years, one 5ml spoonful. Children under 1 year: On medical advice only. **Contraindications, Warnings, etc:** *Contraindications:* None known. *Warnings:* Children under one year on medical advice only. Very large doses can cause nausea and vomiting. Gastro-intestinal discomfort and mild drowsiness have beenreported. This formulation is not suitable for adults. *Side effects:* None known. **Legal Category:** GSL. **Packs:** 100ml. **Price:** £2.26 excl VAT. **P.L. Number:** 0338/0086. **P.L. Holder:** Cupol Limited, King Street, Blackburn BB2 2DX. **Date of Preparation:** July 1998. **Further information is available on request from Seton Scholl Healthcare plc, Tubiton House, Oldham OL1 3HS.**

1 Independent Audit MAT December 1997, 2 Counterpoint Q4 1997 and Q1 1998 aggregated, 3 Independent Audit MAT December 1993 - December 1997

Eastern promise

Ayurvedic medicine is one of the oldest disciplines of medicine in the world and is fast gaining popularity in the UK. Ampa Herrero from the Ayurvedic Company of Great Britain and practitioner Dr Indu Krishnan outline the principles of Ayurveda and look at how pharmacists can get involved

Ayurveda is the oldest, complete medical system in the world. Its recorded origins go back about 3,500-4,000 years to the Vedic civilisation of India. Ayurveda is a Sanskrit word derived from two roots *ayus* and *vid,* meaning life and knowledge respectively. It is often translated as 'science of life'.

Origins

References to Ayurveda are found in the '*Atharva Veda*', the fourth and final *Veda* (the *Vedas* are the classical religious texts of Hinduism). It is believed that Ayurveda was revealed by Lord Brahma, the god of creation, to sage Atreya, following his request for a remedy to put an end to the sufferings of the common man due to illnesses. The sage then passed on the knowledge he received through enlightenment to other sages and they in turn passed it to others. Over the centuries, a vast pharmacopoeia was added to this knowledge.

Ayurveda offers a holistic lifestyle caring for the individual's mind and spirit as well as their body. It treats each person as an individual, taking into consideration their unique body constitution and mental disposition when treating any illness and when advising on how to prevent further health-related problems.

Ayurveda vs orthodox

One of the main differences between orthodox medicine and Ayurveda is the latter's emphasis on prevention rather than cure. It goes one step further than Western medicine by offering very detailed advice on a suitable lifestyle and diet which will promote good health and prevent further illness.

Ayurveda also considers the effects of the natural forces on the body, ie how the seasons, the positioning of the planets and astrology can affect each individual's health.

Ayurveda does have cures for most ailments, but there are a handful of cases where it is not as effective as Western medicine, for example:

- acute infections and illnesses
- emergency surgical cases including all accidents.

However, in many cases Ayurveda is able to complement today's modern treatments. This is most commonly practised with post-operative and post-surgical patients, where Ayurvedic massage is used together with physiotherapy for a steady recovery.

Mary Evans Picture Library

Ayurvedic medicine has its origins in the Hindu religion

Principles

1 Matter

According to Ayurvedic philosophy, all matter in our universe is made up of five elements (*pancha mahabhuta*) in various proportions. They are:

- space (*akasa*)
- air (*vayu*)
- fire (*agni*)
- water (*jala*)
- earth (*prithwi*).

These five combine with the soul to create a living being. They combine with each other to create another entity called the *tridoshas* (humours).

2 Humours

The tridoshas are three humours, namely *vata, pitta* and *kapha*. The

Continued on PII →

Ayurvedic doctor examining a patient

Continued from PII

characteristics of the *doshas* are as follows:

- *vata*: dry, cold, subtle, unstable. Many of the physical and mental phenomena ascribed for the nervous system by modern physiology can be identified with *vata*
- *pitta*: heat, sharpness, oiliness, fleshy unpleasant smell. The entire chemical process operating in the body can be attributed to *pitta*
- *kapha*: heavy, stable, slimy, soft.

All the activities of the anabolic process, mainly the construction of physical volume of the body, can be attributed to *kapha*.

Space and air combine to form *vata*, fire and water combine to form *pitta* and earth and water combine together to form the *kapha* humour. The *tridoshas* are the three pillors on which the body is built upon. When in equilibrium, the three humaurs makes the body healthy, give strength and normal functioning of the vitol organs.

3 Body

There are seven elements in the body called *dhatus*. Their individual names are:

serum (*rasa*)
blood (*rakta*)
muscle (*mansa*)
adipose tissue (*meda*)
bone (*asthi*)
bone marrow (*majja*)
reproductive tissue (*sukla*).

These elements are present at the time of birth and are nourished by the food we eat. They are distributed in the body through channels called *srotas*. There are channels for carrying each of these elements to their respective sites and the walls of the channels are made up of the three humaurs. Each of these elements are derived from the element preceding it.

The right balance

Disease sets in when there is an imbalance or dishormony between the *doshas* (see Figure 1).

- **Body and mental constitutions**

Every individual will have an inborn, unique body constitution with a unique combination of the three humaurs. In some people, *vata* is dominant, *pitta* in some and *kapha* in some others.

Most people are a combination of two humaurs. The body type can be assessed by a practitioner through a series of chorocteristics exhibited by the person. Similarly there are three types of mentol constitution. Your physicol ond mental constitution determines your susceptibility to certain diseases, the course and patterns that the disease will follow, ony complications that moy arise ond of course the prognosis of the disease.

An Ayurvedic physician takes all these factors – *doshas* offected, body and mentol type, elements ond chonnels affected by the disease condition – into considerotion before he or she decides on the line of treotment with combinations of herbs, standard formulations and diet.

- **Characteristics of people with dominant doshas.**

Vata people have restless minds and weak memories. They avoid confrontation. They have active and sensitive natures and express themselves through sport ond creative pursuits, and sometimes by overindulgence in pleasures. They are most eager for sexual activity among the three humaurs.

Pitta people have an intellectual, precise and irritoble dispasition. They are articulate, learned and proud. They have hot sweaty bodies and they tend to grey soon.

Kapha people have stable, patient personalities ond are slow to anger. They are not eosily provoked, but once angry, do not calm down easily.

All three types often react very differently to the some situation. For example, in a traffic jam on a hot day a *pitta* driver will be get irritoble and will release this anger by shouting at other drivers. The innovative *vata* driver will be studying road maps and looking for an alternative route, while the *kapha* driver will quite patiently sit in the car and listen to music.

Imbalance and pathogenesis

Incompatible diet and practices cause an imbalance in the equilibrium of the three humaurs, and this vitiates the channels and the corresponding element being carried. This affects the succeeding elements and their smooth functioning leading to diseases.

An imbalance of the three humaurs can be either due to their aggravation or alleviation. For exomple, overindulgence in uncooked vegetables, or too much exertion will aggravate *vata*; hot, spicy food and olcohol will aggravate *pitta*, whereas overindulgence in cold food or drink, wet weather and too much sleep oggravotes *kapha*.

Symptoms of imbalance

A troined practitioner can differentiote the aggrovated humour by corefully analysing the signs ond symptoms exclusive to that humaur. The aggrovated channel ond element and the stage of the diseose should olso be elicited.

In the *vata* predominant conditions, the body shows the characteristics of high *vata* like poin, impoired motion to body, loss of conduction of impulses, inactivity, dryness of skin, hoarseness of voice etc.

Aggravoted *kapha* is monifested os stony lumps or soft swellings, cold in touch, white in colour, heaviness, having viscous, slimy exudotes, drowsiness, weight goin etc.

Aggrovoted *pitta* causes burning sensation, acidity, skin eruptions, irritability, anger, inflammotions etc.

Aggravoted *vata* couses rheumotism, arthritis etc; aggravated *pitta* causes acidic eructations, inflammation, jaundice etc; whereas *kapha* couses indigestion, arteriasclerasis and obesity.

Management

Ayurvedic treatment consists of drugs, diet ond proctices, prescribed jointly or seporately, depending upon the diseose, its prognosis and state of the potient. The treatment is aimed at restoring the bolonce of the humaurs. There are two woys of achieving this, depending on the quantity of humaur aggrovoted ond the extent of the damage done.

If the quantity is low, you can decrease the aggravated humaurs by taking herbs which are known to pacify thot humaur.

If the quantity of aggrovated humaur is high then you have to eliminate the excess humaur from the body through a process called *panchakarma*.

- **Detoxification therapy**

This is a five-fold therapy by which aggravated humaur is eliminated by meons of:

emesis (*vamana*)
purgation (*virechana*)
snuffing (*naysa*)
enema (*vasthi*)
bloodletting through cuts in the skin (*raktamoksha*).

An Ayurvedic doctor decides on which of these methods should be undertaken to cure o porticular diseose condition. To prepare the body for *panchakarma*, the body is first massoged with hot medicated oil and then fomented by herbol sauna. The resultont, supple body is ready for detoxification. Therapy is followed by internal medicines to olleviote any aggravoted humour left in the channels. Simultoneously the diet and proctices of the individual is rescheduled and regulated.

- **Diet**

An important part of Ayurveda is diet. During the first consultation with an Ayurvedic doctor advice will be given on the foods thot complement your constitution ond therefore keep you in good health and the foods that will cause illness by oggravating your constitution. Ayurveda also advises on diet according to each season to accommodate changes these may cause within the individual.

- **Lifestyle**

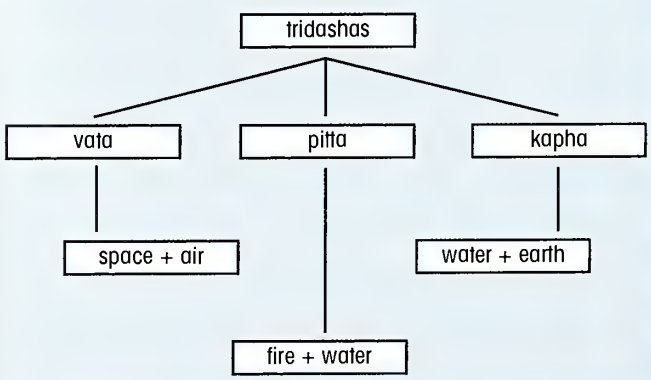
There may also be foctors in a patient's lifestyle thot oggravate their constitution. This is usually assessed in the initiol consultation where the doctor enquires obout lifestyle and routines and odvises as necessary (see Table 1).

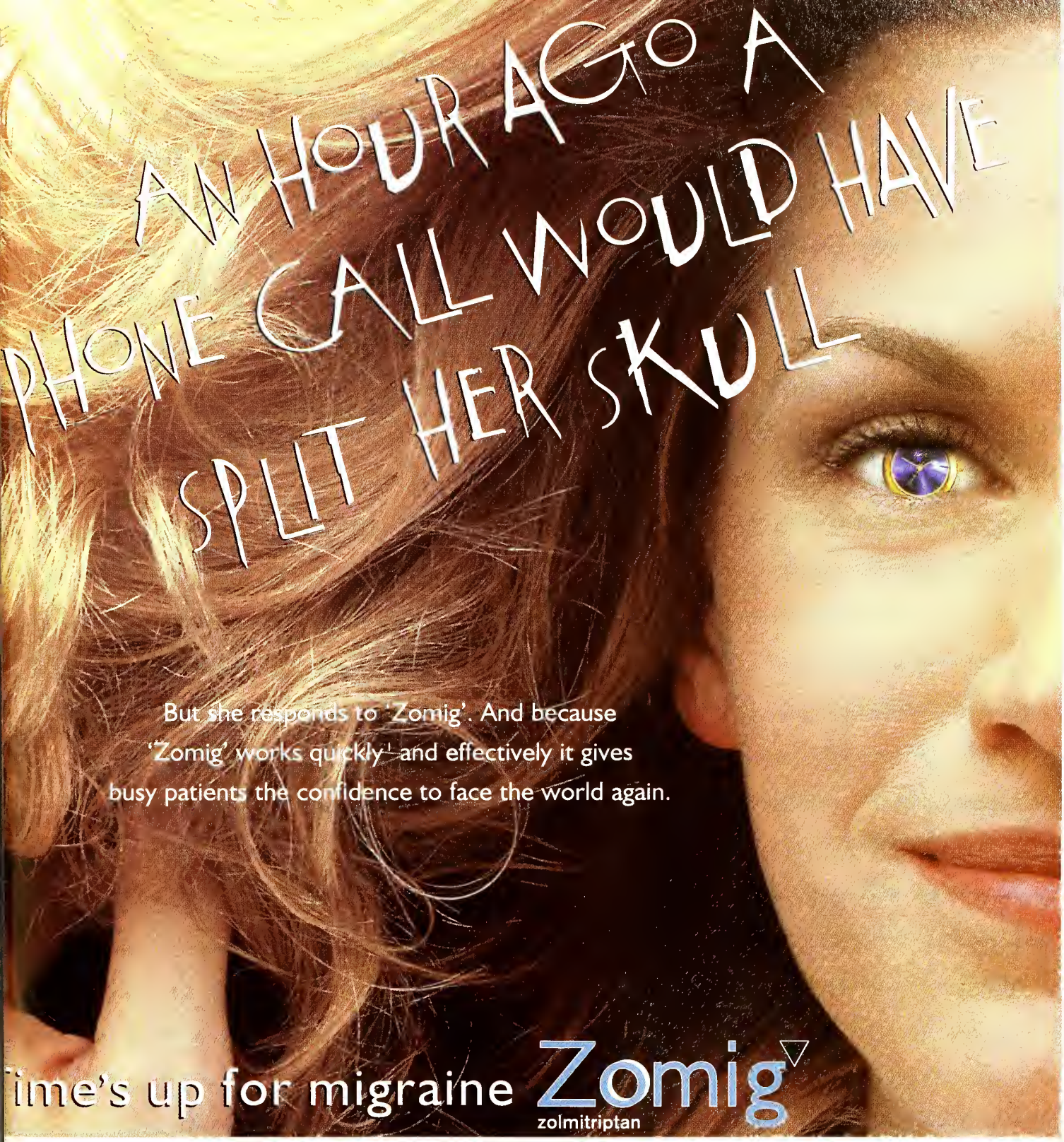
- **Rejuvenation therapy**

This refers to the use of special herbs thought to improve longevity, delay ageing, import immunity, develop body resistance, improve mentol foculties and add vitality and lustre to the body through detoxification.

Continued on PIV →

Figure 1: Harmony between the doshas (humaurs)





)MIG'
nsult Summary of Product
aracteristics before prescribing.
ecial reporting to the CSM required.
e Acute treatment of migraine with or
nout aura.
sentation Tablets containing 2.5mg of
nitriptan.
sage and Administration The rec-
mended dose of 'Zomig' to treat a migraine
ck is 2.5mg.
mptoms persist or return within 24 hours,
cond dose has been shown to be effective.
second dose is required, it should not be
n within 2 hours of the initial dose.
tisfactory relief is not achieved, subsequent
cks can be treated with 5mg doses.
atients who respond, significant efficacy is
arent within 1 hour of dosing.
the event of recurrent attacks, it is
ommended that the total intake of 'Zomig'
24 hour period should not exceed 15mg.
mig' is not indicated for prophylaxis of
raine.
ty and efficacy of 'Zomig' in paediatric patients and adults over the age of 65 have not been established.
In patients with moderate or severe hepatic impairment, a maximum dose of 5mg in 24 hours is recommended.
Contra-indications Hypersensitivity to any component of 'Zomig' and uncontrolled hypertension.
Precautions A clear diagnosis of migraine must be established. Care should be taken to exclude other potentially serious neurological conditions. No data in hemiplegic or basilar migraine.
'Zomig' should not be given to patients with Wolff-Parkinson-White syndrome or arrhythmias associated with other cardiac accessory conduction pathways.
'Zomig' is not recommended in patients with ischaemic heart disease. In patients in whom unrecognised coronary artery disease is likely, cardiovascular evaluation prior to commencement of treatment is recommended. As with other $5HT_{1D}$ agonists, atypical sensations over the precordium have been reported after administration of 'Zomig', but in clinical trials these have not been associated with arrhythmias or ischaemic changes on ECG. 'Zomig' may cause mild transient increases in blood pressure.
Patients should leave at least 6 hours between taking an ergotamine preparation and starting 'Zomig' and vice versa. Concomitant administration of other $5HT_{1D}$ agonists within 12 hours of 'Zomig' treatment should be avoided. A maximum intake of 7.5mg of 'Zomig' in 24 hours is recommended in patients taking a MAO-A inhibitor. A maximum dose of 5mg in 24 hours is recommended in patients taking cimetidine and other P450 inhibitors such as fluvoxamine and quinolone antibiotics. Caution in pregnancy and breast-feeding. Use is unlikely to result in an impairment of the ability to drive or operate machinery. However, somnolence may occur.
Undesirable Effects Nausea, dizziness, somnolence, warm sensation, asthenia and dry mouth have been the most commonly reported. Abnormalities or disturbances of sensation have been reported; heaviness, tightness or pressure may occur in the throat, neck, limbs and chest (no evidence of ischaemic ECG changes), as may myalgia, muscle weakness, paraesthesia, dysaesthesia.
Legal Category POM.
Product Licence Number 12619/0116.
Basic NHS Cost 6 tablet pack (2.5mg) with wallet £24.00, 12 tablet pack (2.5mg) £48.00.
'Zomig' is a trademark of the Zeneca Group of Companies.
Further information is available from: ZENECA Pharma, King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ.
Zeneca Medical Information
Freephone 0800 200 123

98/9046R/K/Issued August 1998

Reference:
1. Zomig Summary of Product Characteristics. In those patients who respond, significant efficacy is apparent within 1 hour of dosing.

ZENECA

Continued from P11

- **Fertility treatment**
A treatment that uses 'aphrodisiocs' and fertility improving herbs.
- **Yoga**
Keeps your body ond mind in excellent condition ond helps to prevent illness. It is recammended as a daily exercise in Ayurveda. A dactar will advise on which postures will be most beneficiol for each individuol in relation to their illness.
- **Breathing exercises**
Helps in preventing diseose of the thorox ond helps in curing *kapha* predaminont diseases like osthma and chranic sinusitis.
- **Surgery**
This wos done in Ancient Indio where rhinaplasty was first perfarmed mare thon 2,000 years ago. Surgery in Ayurveda declined over the yeors due to mony interventions and anly same procedures like *Ksharasutra* (for anol fistulo) are practised todoy. Nearly 32 surgical manaeuvres were fallawed ond thermal ond chemicol coutery wos also done.

Ayurvedic remedies

These fall into three cotegories depending on the seriousness af the illness: OTC for comman ailments, prescription for recurring problems ond hospitolisation for the more serious coses that require *panchakarma*.

Taday, there are a lorge number of OTC products on the market. They deal with o wide range of ailments from acne ta rheumatic pain. Although the patient may not have visited on Ayurvedic doctor, it is still passible to use Ayurvedic praducts because in these cases the treatment deols with the illness.

Ideally with Ayurveda it is recommended thot an Ayurvedic doctor is seen before taking ony Ayurvedic medicine. The dactar will be able to recommend the exoct medicine needed for o full ond often quick recovery, by toking into account the potient's constitution. However, there ore o number of praducts thot can be used without a dactor's prescriptian fram a ropidly increosing Ayurvedic OTC morket.

Most Ayurvedic OTC products come in copsule form (single herb ond multi herb products), tonics, mossoge oils, teos ond powders. They offer relief from o wide voriety of common oilments such os ocne, rheumotism, thinning hoir, impotence ond cystitis. Often there are two products thot complement eoch other and moke the treotment more effective. Rhumorth oil con be used in conjunction with Rhumorth copsules to treot rheumotism, orthritis ond most muscular poin from strenuous octivity. Sri hoir oil ond Sri shampoo work together to combot thinning hair and encouroge hair growth.

Table 1: Factors that aggravate constitution

Aggravates vata	Aggravates pitta	Aggravates kapha
Too much octivity	Too much exposure to sun	Insufficient exercise
Excessive sexuol indulgence	Too many arguments	Indalent lifestyle
Too mony emotionally-charged relotionships	Excessive intoke of alcahol	Overindulgence in sweet food ond drink
		Overeating
Insufficient time olone	Nat enough fresh air	Getting wet
Lock of emotianol ar family support	Lack of firm, laving secure relationship	Excessive dependence on loving relotionship
Uncooked food	Too much spicy food	Wearing damp clothes

©Table taken from 'The Complete Illustrated Guide to Ayurveda' by G K Warrier & Dr D Gunawant-Element Books

Massage is used as a precursor for detoxification therapy

Pharmacist involvement

At present there is o voriety of Ayurvedic OTC products stocked in heolth faod shops and some pharmocies. However, because of the camplicoted nature of Ayurvedo, it is best that thase selling or dispensing the products ore trained os necessory. As o result The Ayurvedic Compony of Greot Britain hos creoted o Professional Support Group whose oim is to educote everyone dispensing Ayurvedic products with same knowledge of Ayurvedo.

This will be achieved vio o series of free evening seminors ond lectures os well os weekend workshops ond retreats. This is the only woy of ensuring the customer hos occess to the correct information on Ayurveda ond its treotments to guorontee maximum benefit.

The phormocist will olso goin occess ta ACGB's Herbol Medicol Dotobose. This is one of the world's lorgest dotoboses ond hos over 100,000 entries on Ayurvedic, Chinese and Eurapeon herbol medicines os well os scientific abstrocts an their effectiveness/toxicity.

Associations

The Associotion of Accredited Ayurvedic Proctitioners (AAAP) is on orgonisotion thot monitors the proctice ond teaching of Ayurvedo in the West. It oims to promote Ayurvedo in the correct and ethical monner in the UK and Europe.

It is currently bottling the Government and the Medicines Contro Agency on the restricted marketing of Ayurvedic products and herbs without product licences. The AAAP wants fairer treotment, one that tokes inta account the fact that a number of Western herbal medicines are allawed to be sald an the grounds of being bosed on indigenaus plants.

Qualified practitioners

All the members of the AAAP ore fully quolified Ayurvedic doctors who advise that an authentic Ayurvedic doctor should:

- be quolified from o University in India or Sri Lonko
- have completed the five-year degree course
- hove completed o one-yeor internship in an Ayurvedic hospitol.

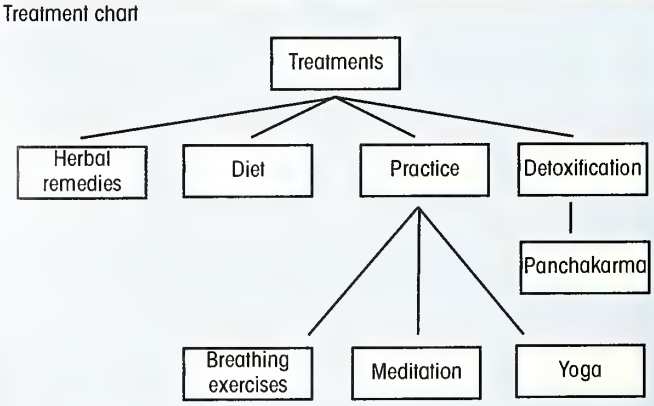
The AAAP are concerned by the number of proctitianers oppeoring ofter hoving attended a short course in Ayurveda or in *panchakarma* (the five-fold detoxificotian theropy) who believe they are qualified to practise. Nat only are they likely to distort and odapt the teaching of Ayurveda, they are also posing o mojar danger to the public due ta a lock af professional troining.

A degree course started in October, thanks ta o jaint venture between the Ayurvedic Company af Great Britain and Thames Volley University. The course has been opproved by the AAAP and will offer a strong foundotion for those wishing to pursue a future in Ayurvedo. It is the first caurse that dedicates the necessary amaunt af time to the teaching of Ayurvedo ond even then encouroges postgroduote studies in India.

The course will last three years and then offer o fourth year at Monipal University, south-west India. The University is o Mecco af education ond health services and it is the nucleus of 50 educotionol institutions ond ten hospitals. Here the students will study Ayurvedic surgery and clinical troining under the guidance of professors qualified in Western medicine and Ayurvedo.

The course will moke the leorning af Ayurvedo occessible in the West, possing on informotian without odopting or distorting it to suit current trends. It remains completely true ta the spirit of Ayurvedo ond its teochings. As o result it will be easier to monitar and differentiote between chorlotons ond those fully quolified to proctise Ayurvedo in the future.

Treatment chart



Old habits ...

... die hard, especially when it comes to compliance and the elderly. Derek Balon, community pharmacist and King's College lecturer, looks at the measures that can be taken to improve this widespread problem

THE COLLEGE OF PHARMACY PRACTICE

THIS [illegible] (MODULE 11 [illegible]), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN C&D DECEMBER 12, PROVIDES ONE HOUR'S CONTINUOUS EDUCATION

OBJECTIVES

- To understand the importance of compliance in the elderly
- To recognise factors which influence compliance
- To be aware of the steps that prescribers can take to ensure compliance
- To be aware of the steps that pharmacists can take to ensure compliance

Poor compliance is a problem not restricted to the elderly, and age is not a factor in itself. All aspects of improving compliance in general apply to the elderly but some factors are more significant in this group of patients.

The elderly are more likely to take medicines than any other age group of patients. It has been estimated that 85 per cent of people over 65 years old suffer from one or more chronic condition (compared with 40 per cent under this age). On average the elderly receive 3.4 drugs per patient: polypharmacy is rife. Compliance is affected by a multitude of factors and it is not possible to identify which patients will be poor compliers.

Factors that reduce compliance include the fact that the patient:

- does not understand the instructions. This may be due to reading or language difficulties or some loss of hearing. Poor eyesight may contribute to poor understanding. Reinforcement of the instructions on the label may not be possible.
- does not understand the purpose of the medicine. This may be related to a loss of mental ability or memory. Cognitive skills are often reduced in the elderly.
- cannot open the container. The elderly often are less dextrous, eg arthritis sufferers.
- finds little or no benefit from the current/previous treatment.
- the side effects are unpleasant. Patients often tolerate unpleasant side effects if they have been explained.
- the dosage regimen is complex or socially unacceptable.

Table 1 summarises some of these factors.

Prescriber influence

Both prescribers and pharmacists can influence good compliance: pharmacists may be able to influence prescribers. Basic principles for the prescriber include:

- **Is the drug necessary?**

Many conditions of the elderly are not responsive to drug therapy. Prescribers should always ask themselves if treatment has any benefit over non-treatment.

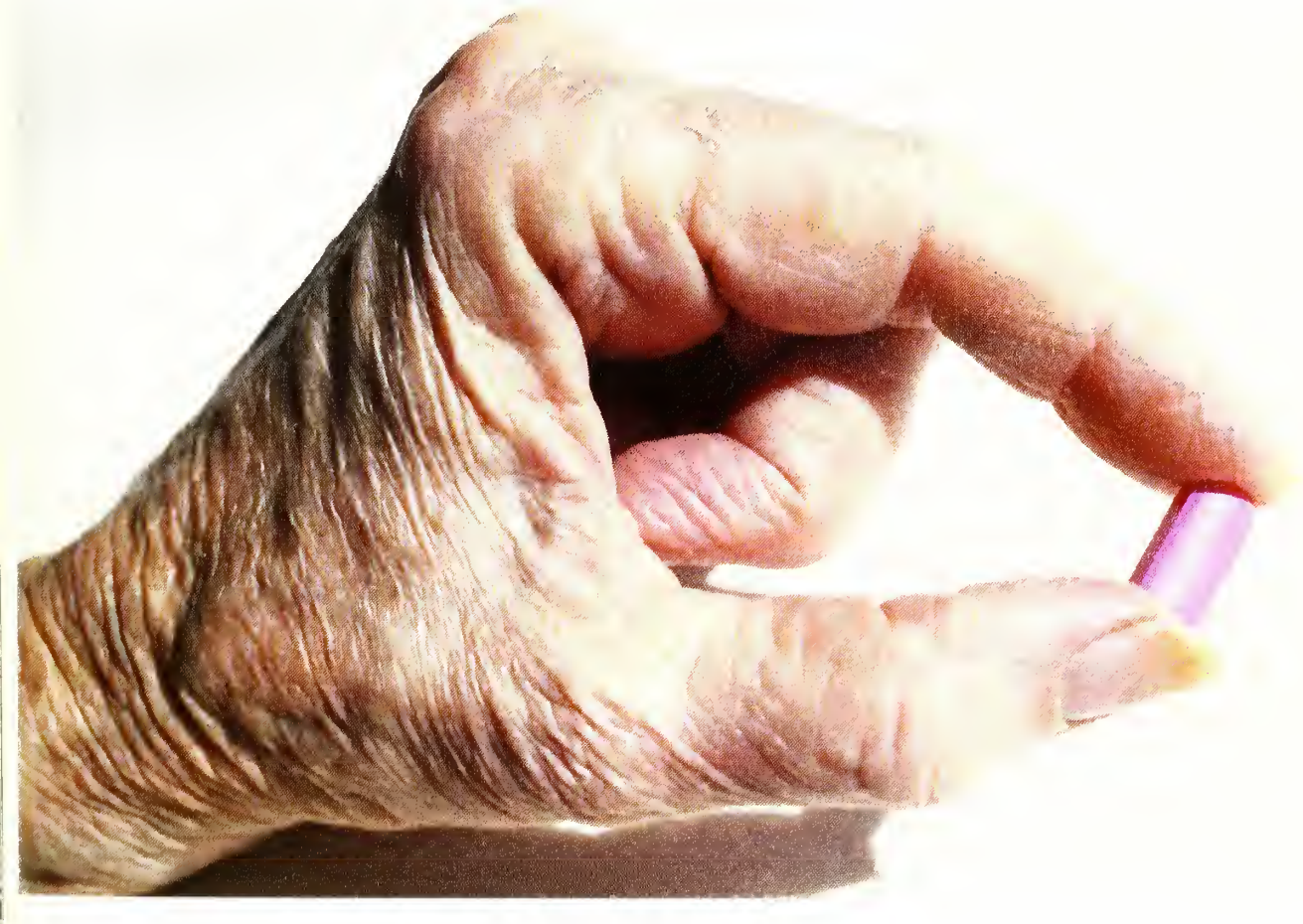
It has been shown by many research workers that on hospitalisation, stopping many of the previously prescribed drugs resulted in patient improvement. This does not imply that drugs should be withheld because of old age as many drugs do improve the quality of life of the elderly.

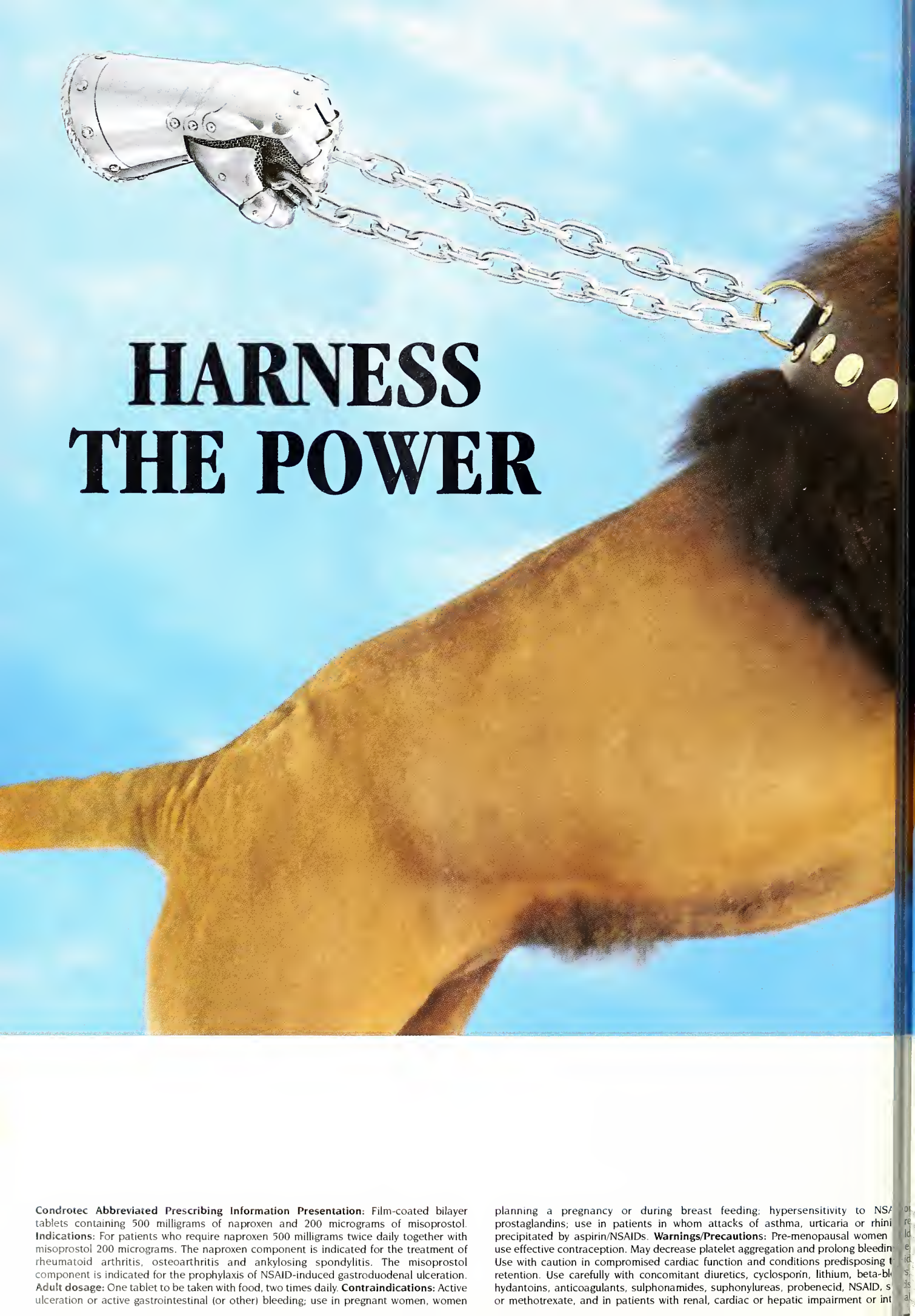
- **Which drug?**

Often drugs with a narrow therapeutic index can be unsuitable for an elderly patient. Other factors include changes in drug handling in the elderly. An example is that some benzodiazepines have extended half-lives in the elderly, resulting in age-related toxicity.

The use of central nervous system drugs to sedate elderly patients must be carefully considered by the prescriber. Many workers argue that such drugs are over-prescribed in residential and nursing homes for the convenience of core workers and not

Continued on PVIII →





HARNESS THE POWER

Condrotec Abbreviated Prescribing Information Presentation: Film-coated bilayer tablets containing 500 milligrams of naproxen and 200 micrograms of misoprostol. **Indications:** For patients who require naproxen 500 milligrams twice daily together with misoprostol 200 micrograms. The naproxen component is indicated for the treatment of rheumatoid arthritis, osteoarthritis and ankylosing spondylitis. The misoprostol component is indicated for the prophylaxis of NSAID-induced gastroduodenal ulceration. **Adult dosage:** One tablet to be taken with food, two times daily. **Contraindications:** Active ulceration or active gastrointestinal (or other) bleeding; use in pregnant women, women planning a pregnancy or during breast feeding; hypersensitivity to NSA prostaglandins; use in patients in whom attacks of asthma, urticaria or rhini precipitated by aspirin/NSAIDs. **Warnings/Precautions:** Pre-menopausal women use effective contraception. May decrease platelet aggregation and prolong bleedin Use with caution in compromised cardiac function and conditions predisposing t retention. Use carefully with concomitant diuretics, cyclosporin, lithium, beta-bl hydantoins, anticoagulants, sulphonamides, suphonylureas, probenecid, NSAID, s or methotrexate, and in patients with renal, cardiac or hepatic impairment or int

NEW

CONDROTEC®

(naproxen 500mg/misoprostol 200mcg)

Twice daily

NAPROXEN POWER WITH MISOPROSTOL PROTECTION

mmation. **Adverse effects:** *Common*: Abdominal pain, diarrhoea, dyspepsia, nausea, lence, vomiting, eructation, dizziness, thirst, hearing impairment, drowsiness, headedness, headache, vertigo, oedema, dyspnoea, palpitations. *Infrequent*: Skin rash, ic ulcer, stomatitis and, in women, menorrhagia, intermenstrual bleeding, vaginal ding. *Rarely or very rarely*: Blood dyscrasias, vasculitis, anorexia, gastrointestinal ding, perforated ulcer, colitis, jaundice, fatal hepatitis, renal pathology, haematuria, tic meningitis, skin and hypersensitivity reactions, CNS effects. **Packaging quantity price**: Pack of 60 tablets: £17.59. **Marketing authorization numbers and holder:** PL8821/0051, Searle, Division of Monsanto p.l.c., High Wycombe, England HP12 4HL. **Legal category**: POM. Date of issue: October 1998. Further information is available on request

SEARLE

Searle, High Wycombe, England HP12 4HL

DPS/November 1998

Continued from PV

necessarily in the best interest at the patient.

How many drugs are required?

The elderly are frequently prescribed many drugs concurrently. Pharmacists may be able to advise the prescriber to re-examine all the drugs the patient is taking. Patients should always be prescribed the least number of drugs required. Drug interactions and toxicity increases with increased number of drugs being taken.

Which type of medication is best?

Dosage form and size are important determinants of compliance, especially in the elderly. Difficulty in swallowing must be taken into account.

Does the dosage need to be modified?

As a rule, the elderly require lower doses than a younger adult. It is better to reduce the strength of the drug rather than use intermittent regimens (alternate days, on five days a week). Single daily dosage schedules should be considered, using modified release drug forms.

Which drugs should be avoided because of adverse actions?

Drugs more frequently cause confusion and a general feeling of ill health in the elderly. Examples include gastroactive and psychotherapeutic drugs.

Table 6: Some of the factors which influence compliance

	AFFECT COMPLIANCE	DO NOT AFFECT COMPLIANCE
Disease	Perceived threat Type (eg hypertension) Change or no change in symptoms	
Drugs	Duration of treatment Duration of action of drug(s) Effects of drug	Side effects
Administration	Number of concurrent drugs Route Type of container/closure Frequency Clarity of instructions	
Patient	Understanding of drug regimen/ instructions Belief in prescriber/pharmacist Physical/mental ability	
Personal/social factors	Religion?	Age, sex, marital status Education, social class

Is the drug for a chronic or acute condition? Does it require continuation?

It is useful to review all medication regularly. An example of this is the use of digoxin for atrial fibrillation as a result of pneumonia which should be discontinued once the original condition has been resolved.

Pharmacist influence

Pharmacists have a significant role in improving compliance in all sections of the population. As already stated, compliance is due to many factors and the pharmacist's role is complex. In many cases the patient's representative collects the assembled prescription, but in all cases the final user, the patient, must have the correct information to encourage good compliance. The following aspects of this 'information' should be considered.

Patient motivation

The creation of an atmosphere which reflects interest in the patient's wellbeing improves compliance. This atmosphere involves empathy, self-identification with the patient, an understanding of the problems the patient may experience and allowing the patient to take part in any decision regarding use of their medication. As noted, elderly

patients frequently use agents (carers, neighbours, friends) to collect their medication. Even if this is the case, the pharmacist must try to ensure that their interest in the patient is relayed to the end user.

Information about the medicine

One of the first research papers on compliance showed that patients want to know the following facts: the name of the medicine/drug; what it is for and why it has been prescribed; how and when it should be taken (applied etc); what it will do; what side effects are there likely to be and which of these represent a threat; and what to do if a dose is missed.

Some of this information is on the label and there is conclusive evidence that shows that verbal instructions add to the overall recall of the essential points. If the prescription is collected by an agent, remember the game of 'Chinese whispers' and ensure the essential points are clearly and simply explained.

Any other information should be provided verbally and if possible written material added. Patient package inserts are valuable in this area and again the salient points emphasised by the pharmacist.

Pharmacists should anticipate questions likely to be asked by the patient, either directly or to the collecting agent and provide simple concise answers.

How to take the medicine

In some cases medicines are required to be taken with food or perhaps on an empty stomach. Others require the patient to be standing up or that a full glass of water is taken with the drug. These requirements need explanation and again the elderly require specific reinforcement.

Other measures

Medicine regimens

In some cases compliance may be improved by modification of the original instructions. It has been shown that the simpler the regimen the better the compliance. An example of this is the modification of a phenytoin regimen of one tablet three times a day to three at night (or morning as agreed with the patient). Other changes involve retiming of the dose from morning to night (perhaps to avoid sedative effects). These changes are not limited to the elderly but apply equally to all patients.

Lifestyle has a significant impact on compliance. The elderly are often retired and linking dosage schedules to activities may prove difficult. Pharmacists should consider the best options for each patient which may not necessarily be the theoretical ideal. However, taking the medicine at roughly the correct time is better than not taking the medicine at all: compromise on the absolute.

Packaging

Another consideration is how the medicine is packed. Many elderly people are less agile than younger patients, with physical difficulties to overcome. These points should be considered and such problems addressed. Even simple blister packaging can be a barrier to an arthritic patient and dispensing in a bottle may be advantageous. In the same way child resistant closures may not be appropriate. Calendar packs may be advantageous in many cases but may require explanation for the elderly. At least one elderly patient thought the starting tablet in a two x 15 day calendar pack was different to all the other tablets. This was brought to light when a parallel import pack containing two x 14 day sub-packs was dispensed.

Inhalers and other administration devices may be unusable by the elderly and pharmacists must check that the patient is able to operate the device. In some cases discussion with the prescriber is necessary to provide a usable form of administration.

Compliance aids

These have a significant role to play in encouraging compliance, especially in the elderly. They have their limitations in that not all drugs may be placed in them and this itself may result in these drugs not being taken. It should also be noted that medicines in these are easily accessible to children and either the patient must be especially careful to ensure they are stored safely or they should not be issued.

Drug hoarding

Elderly patients tend to hoard drugs and it is essential that old drugs are returned to the pharmacy for destruction. Prescribers are often unaware that patients still have previously prescribed drugs at home and will issue new prescriptions for the same drug generically. As the appearance of the new drug issued may differ from that which was previously dispensed, patients may not realise that the new drug is the same and then take both drugs, thus overdosing.

Summary

Finally, pharmacists should be ever alert to signs that their elderly patients are not complying with their medication regimens. Patient medication records are essential in assisting recognition of non-compliance. Patients who are on regular medication who say 'I have enough of my water tablets at home' when presenting their monthly prescription need to be checked. Similarly, regular prescriptions which omit usual drugs should raise questions in the pharmacist's mind.

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.

ACTION PLAN

1. Do you provide sufficient information to encourage compliance? For the next five items you dispense, record in your practice workbook the key points you make
2. Now examine the points you noted. Have you related the frequency of dose to everyday events? Have you explained what you mean by "after food"?
3. Do you stock compliance aids? Find out about those available: their merits, demerits and relative costs. Would you stock any in the future?

PHARMACY update: distance learning for pharmacists

Pharmacists using Pharmacy **Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the December 12 issue, which will cover this week's CPP-accredited modules, together with those in the November 7 issue.

In other words:

- Bowel cancer (1107)
- Elderly I (1108)
- Elderly II (1079).

A fax-back service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

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Hooray, chocolate no longer off limits!

Chocolate, one of the most craved after and guilt-laden foods, is no longer off limits.

Research has shown that chocolate, far from being a bad food, is in fact harmless, a 'neutral food' and may even be considered nutritious by some experts. It should, therefore, not be excluded from the diets of people with diseases such as heart failure and diabetes.

Chocolate's sugar and fat content and its supposed addictive nature have in the past set it apart as a bad, and at the same time, pleasurable food.

However, Australian nutritionist and dietician Glenn Cardwell, speaking at a recent briefing organised by The Sugar Bureau, believes chocolate has had an unfair trial and even went as far as saying that he saw an average daily intake of 50g chocolate a day was nothing to worry about if it was taken against a background healthy, balanced diet. "If you enjoy chocolate, eat it. Don't deprive yourself because it is not harmful," he said.

In a review of current literature on chocolate and health, Mr Cardwell attempted to assess the significance of the food to health.

Chocolate and the heart

Chocolate contains saturated fat, a component of food that has been associated with increased risk of coronary heart disease. Cocoa butter, however, is unique in that more than a third of its saturated fat is stearic acid. Evidence has indicated that high stearic acid fats do not raise blood cholesterol or increase the risk of CHD and nor do they increase the risk of thrombosis. They should be considered in a different light to other saturated fats.

Chocolate and diabetes

People with diabetes are generally advised to keep their sugar intake down to a minimum to improve their blood glucose control. However, it is now thought that sugars added to food do not necessarily raise the glycaemic index and one study even showed lower glycaemic and insulin responses with most chocolate products than with bread. The evidence therefore suggests that diabetics need not completely cut out chocolate from their diet.

Chocolate and acne

The misconception that too much chocolate leads to spots no longer holds true, said Mr Cardwell. "It is a cliché to attribute skin conditions to diet. Pimples or *acne vulgaris* are commonly linked to poor diet by the public, with chocolate seemingly taking the brunt of the criticism."

Mr Cardwell found few studies on chocolate and acne and what little there was gave chocolate the 'not guilty' verdict. The American Dietetic Association, in its booklet 'Chocolate and Health', even states: "The paucity of recent research on chocolate and acne reflects the widespread acceptance of earlier studies that acquitted chocolate of any contributing role in acne."

Chocolate cravings

The addictive nature of chocolate has been attributed to phenylethylamine, magnesium and even cannabinoid-related compounds found in the food. However, the blame is now thought to lie squarely on the pleasurable sensory properties of aroma, taste and 'mouthful', all of which "combine to provide a wonderful organoleptic fusion that creates an ongoing desire for the pleasure of chocolate consumption", explains Mr Cardwell. In one study looking at chocolate cravings, 34 self-confessed chocoholics were given either milk chocolate, white chocolate, cocoa powder capsules, placebo capsules, white chocolate and cocoa powder capsules or nothing to relieve their cravings. Only the milk chocolate and cocoa powder would have had anything pharmacologically active. However, those given milk chocolate, white chocolate or white chocolate with cocoa powder all had their craving satisfied indicating that the phenomenon was based on sensory properties.

Others

The dental risk of chocolate is thought to be low because it is cleared from the mouth reasonably quickly and is not considered a good substrate for bacteria.

Previous reports of chocolate acting as a trigger for migraine have now been dismissed by many migraine experts.

Also chocolate on its own has not been found to lead to obesity and excess body weight. Carbohydrates including sugars have satiating properties and help suppress appetite.

On a positive note

Chocolate has its good points, too. It yields calcium (milk chocolate) and iron, and has antioxidant properties thanks to the flavanoid phenols it contains. One study from the University of California, published in *The Lancet* two years ago, observed that 40g of milk chocolate had similar antioxidant properties to that of a glass of red wine. There is even research indicating that the substance may help boost the immune system via its antioxidant properties, but this still needs further corroboration. And, of course, one must not target the pleasurable, self-indulgent aspects of chocolate.

Mr Cardwell's concluding words of wisdom were that people eating normal, healthy diets should not deny themselves foods, such as chocolate, which are perceived as bad. This only creates a psychological power struggle between the person and the food they are craving for. "People get fat not because of food but because of their relationship with food," concluded Mr Cardwell.

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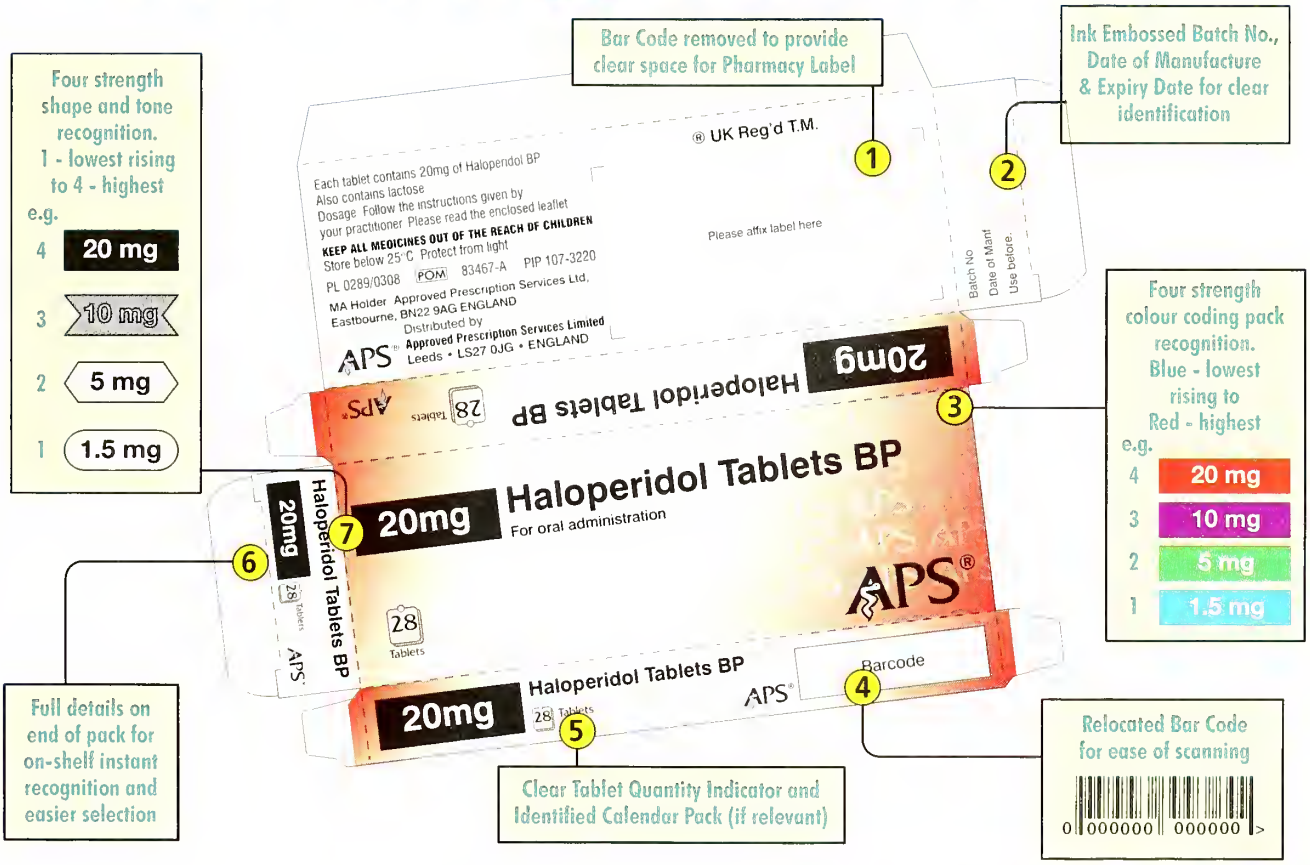

e Medicines Control Agency have cently published a consultative document the implementation of European Council rective 92/27/EEC which requires that dispensed medicines shall be supplied to ients along with a detailed label and ient Information Leaflet.

ere are many issues raised in the nsultation document that need to be olved by APS, the Pharmaceutical Industry a whole and the professions; but it is vious that the dispensing of unsplit Patient cks containing all the relevant information the only safe, practical and cost-effective eans of compliance with the Directive.

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Cyberdocs' advice inconsistent

Advice given by doctors over the internet is inconsistent ond sometimes even dongerous, o reseorch letter in *The Lancet* (Vol 352, p1,526) reveals.

The increosing tendency for people to turn to the internet for heolth advice has led to two doctors from the University of Heidelberg in Germany conducting their own mock consultotion with 17 cyberdocs, oll of which were bosed in the US ond seven of which chorged for their services.

Posing os o fictitious 55-year-old male potient, they sent on e-moil to eoch of the doctors complaining of 'poinful red blisters on the chest' ond pointing out thot they hod hod o kidney tronsplont some yeors eorlier ond were currently on cyclosporin. They then osked for o diognosis, suggested theropy ond, most importontly, if they needed to visit their doctor.

The correct diognosis wos in foct *herpes zoster* (shingles) in on immunocompromised potient, o cose which needed immediote treatment with ociclovir.

Six of the ten cyberdocs offering free odvice ond one for the seven fee chorging 'doctors' did not reply, which meant precious time was lost before proper treatment. Of those remaining ten who answered, responses varied from the occurote to the bizarre but oll answers were returned within eight hours.

Three refused to give odvice soying dermotology wos not their areo of expertise, while five gove o correct diognosis ond occurote odvice.

The remoining two gove questionoble informotion. The first, o naturopothic doctor ond generol fomily proctitioner, soid the blisters were "nothing to worry obout" ond recommended the homoeopothic medicine Apis ond vitomin C ond chorged $25 for this odvice. The other, o 'nutritionist', diognosed congestion of eliminotive orgons ond recommended "ot leost two bowel movements o doy" ond for the potient to breothe deeply, drink roin woter, consider eliminoting oll dairy and wheat products ond eot red clover and dondelion. Although advice wos free, the writer offered to send instructions on getting the food supplements delivered to their home.

These findings roised several issues, one of which is the licensing and legol issues of 'cross-border' consultations. The researchers olso wonted to see meosures taken to protect consumers from quocks and non-medicolly troined healers offering dubious odvice, and wanted cyberdocs who ore medicolly troined to be coreful obout making o diagnosis over the internet, limiting themselves instead to giving generol heolth odvice. Such services could be reguloted in the future by on independent internotionol body which could issue licences for *bona fide* cyberdocs.

In the meontime, potients should be worned thot there ore currently no meons of determining the credibility or quolificotions of cyberdocs on the internet, conclude the outhors.

Interferon ß proved effective in MS

Interferon ß-1o ond interferon ß-1b ore both of significont benefit to potients with certoin types of multiple sclerosis, according to two separate studies published in *The Lancet* lost week.

One study observed over 700 potients with secondory progressive multiple sclerosis comporing interferon ß-1b to placebo over three years. The study wos stopped ofter results gove cleor evidence of efficocy.

Interferon ß-1b significontly deloyed time to onset of sustoined progression of diseose ond significontly reduced relopse rote ond number of new MRI lesions. The reseorchers cloim thot interferon-1b is the first treotment to show o theropeutic effect in potients with secondory progressive multiple sclerosis.

The study on interferon ß-1o proved thot it reduces clinicol relopse rote, deloys time to onset of sustoined progression of disobility, ond reduces the number of new MRI lesions in potients with relopsing-remitting multiple sclerosis.

This poper studied 533 potients over two yeors, comporing interferon ß-1b to plocebo. Potients from this study will be followed up to identify longer-term benefits.

- Schering AG hopes to goin finol Europeon licensing opprovol for the use of Betoferon (interferon ß-1b) in secondory progressive multiple sclerosis. At present, Betoferon is licensed for the treotment of relopsing-remitting multiple sclerosis.

Evidence of NRT effectiveness 'overwhelming'

Nicotine replocement theropy (NRT) is bocked by overwhelming evidence of effectiveness, yet it is not ovoiloble on the NHS, orgues on editoriol in this week's *British Medical Journal*.

Generol proctitioner Liom Smeeth ond the University of Oxford's emeritus professor of generol practice, Godfrey Fowler, soid few heolth interventions were bocked with os much evidence. A systemotic review of 47 triols, with over 23,000 potients, with follow-up periods of six to 12 months showed thot NRT doubled smoking cessotion rotes when compored to plocebo. This evidence wos consistent ocross the different NRT preporotions ond through o ronge of settings from speciolist clinics to brief intervention in the community.

The outhors go on to exploin thot olthough cost is one possible reoson for exclusion of NRT from the NHS, they ore in foct cost effective. Theropy is episodic rother thon o lifelong treotment ond when benefits ore expressed os cost per life yeor soved, NRT comes out well compored with other interventions. Also, smoking cessotion within the first week of NRT is o good indicotor of sustoined cessotion ond this could be used to ossess who would most benefit from such theropy.

By restricting NRT to OTC purchoses, the lowest income smokers would be denied intervention. Moking it ovoiloble on prescription overcomes this becouse of chorge exemption.

The outhors conclude by soying thot "helping people to stop smoking is not o ponoceo" but moking NRT ovoiloble on prescription would be on effective route to ochieving the oims of 'Our Heolthier Notion'.

Blood donors less prone to heart attacks, say researchers

Men who donote blood ore less likely to have o heort ottock thon those who do not, say Finnish scientists.

Reseorchers from the University of Kuopio, heoded by Dr Jukko Solonen, looked ot the medicol records of 2,862 men over o nine-yeor period (*New Scientist*, October 17). Of the 153 who were blood donors, only one suffered o heort ottock (0.7 per cent). For non-blood donors, the figure is more thon 12 per cent.

In Moy this yeor the some reseorchers reported thot men with lorge iron stores in the body were more thon twice os likely to hove o heort ottock os those with low iron stores. Test tube ond onimol studies hove shown thot high iron levels encouroge formotion of o free rodicol form of cholesterol which con domoge orteries.

The results ore not conclusive os more thon o quorter of the non-donors hod suffered previous heort diseose, ond the donors moy hove come from o more heolth conscious sector of society.

Dr Solonen is plonning o lorge study in which heolthy people ore rondomly divided into o group thot donotes blood ond one which does not. This should prove whether or not blood donoting protects the heart. He hos yet to secure funding for this project.

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Merocaine Lozenges Product Information: Active Ingredients: Cetylpyridinium Chloride 1.4mg, Benzocaine 10mg. **Uses:** Relief of pain and discomfort of throat infections. **Dose:** Adults and children over 12 years. One lozenge every 2 hours as needed but no more than 8 in 24 hours. **Contraindications:** Hypersensitivity to ingredients. **Use in Pregnancy:** No data on use in pregnancy but cetylpyridinium chloride and benzocaine have been widely used for many years without apparent ill-effects. **Side-effects:** Urticaria and other allergic reactions very rarely; transient burning sensation of mouth rarely; methaemoglobinaemia has been reported with benzocaine. **Precautions:** Label states "If symptoms persist or are severe or are accompanied by fever, headache, nausea and vomiting, consult you doctor." **Licence Holder:** Seton Products Limited, Tubiton House, Oldham, OL1 3HS. **Product Licence Number/Legal Status/Price:** PL 11314/0105, [P], £2.35. **Date of Preparation:** July 1998

References 1 Richards, RME. Pharm. Jnl. Vol. 242, No. 6536, June 3 1989. 2 Taylor Nelson AGB Counterpoint (Q1 1996)

You are a Scottish pharmacy contractor. One evening your local GP drops by and in conversation passes comment that there does not appear to be a pharmacy in the neighbourhood that provides a domiciliary oxygen service. On further enquiry, you discover that there is one contractor about three miles away that is on the pharmaceutical list of oxygen contractors at the health board, and that the next contractor on the list is ten miles away in the other direction

Questions

1. **How would you apply to go on the list?**
2. **What would be the commitment?**
3. **What training courses are available?**
4. **What about public liability?**

Answers

1. In the first instance, you would contact your health board and indicate that you would be prepared to provide a service. Assessment would be made by the health board as to how near the current contractors are to you, as well as a review of the need for another contractor to be added to the list for the immediate area.

2. The general commitment is to always have a stock of oxygen on the premises, as well as an adequate number of spare giving sets. The health board will specify the number of sets that you may hold, and permission must be granted before extra sets are obtained. You have to purchase the sets, and a 'rental' will be paid for each set, whether in use or not. You must ensure that the sets are properly and regularly maintained. You must be capable of providing a transportation service for patients who cannot collect supplies and return used cylinders. You must be able to provide training for the patient and a carer regarding the safe use of oxygen in the home situation.

3. There are a number of training courses available. The supplying companies will provide documentation with most of the major questions and answers. The National Pharmaceutical Association has run courses, and can provide additional services such as a 'three cylinder rack' for carrying these in the boot of a car.

4. The Domiciliary Oxygen Service has been running for many years, and there is little evidence of liability problems. You have a duty to ensure that the patient and any carers understand the safety aspects of administration. You are required to ensure that during any visit the installation is inspected. The Scottish Tariff still includes a statement that the local Fire Brigade Safety Officer can be invited to inspect the installation and give advice. You are not liable if the patient or carer makes his or her own adjustments to the equipment after being warned that this should not be done.

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Information technology and health informatics

Jason Benton

Vision 2020 – the next steps. The Pharmaceutical Society of Northern Ireland is looking for comments on these papers by March 30, 1999

Pharmacists can expect information technology to be fundamental in assisting them to achieve the level of service to patients envisaged in the Pharmaceutical Society's strategic plan - Vision 2020.

IT refers to all issues concerned with the storage, retrieval and transfer of electronic information. Health informatics refers to the use of this information in the healthcare arena, in particular its use in improving the health of the population generally and individual patient care specifically.

In 1985, PSNI made it a professional requirement that pharmacies provide printed dispensing labels. Today, about 98 per cent of pharmacies in Northern Ireland use computers to produce dispensing labels, check drug-drug interactions, maintain patient medication records, and order medicines and non-ethical products from wholesalers. The maintenance of a defined number and quality of patient medication records is a requirement for payment of the professional practice allowance.

While computers are not required to keep such records, they provide the most convenient means to do so. Some 85 per cent of computer systems in Northern Ireland use the same software manufacturer and supplier. This must be regarded as an advantage when it comes to developing an integrated system that will link pharmacies to each other, as well as providing links to other healthcare professionals, government agencies and on-line information sources.

Despite pharmacy's early commitment and investment in computer technology, the profession failed to progress rapidly towards employing health informatics to improve patient care. Networks have been developed mainly to wholesale

suppliers. Most community pharmacies in Northern Ireland are linked to one or more wholesaler by modems which would be too slow to link to the internet or e-mail servers.

The Northern Area Health Board has initiated a pilot project on electronic data interchange (EDI) between pharmacies and the Central Services Agency to assess the benefits of transferring prescription information between pharmacies and the CSA. Certainly such a system may speed up the prescription pricing process but will have, as it is currently designed, little impact on patient care.

There will be benefits for participating pharmacies, eg ease of submission of prescription forms, minimising the need for endorsement and coding of forms, and possibly quicker payment. The ownership of this system remains to be decided.

Few studies have been undertaken to assess the benefits of computer held PMRs in the pharmacy. Benefits might be anticipated in the identification of:

- drug-drug interactions
- drug incompatibilities
- incorrect drugs and dosages.

Anecdotal evidence would suggest that when pharmacists keep PMRs, these records seldom contribute to improved patient care.

Most pharmacists will ignore drug-drug interaction warnings produced by computer checking systems. Most often the warnings relate to theoretical interactions that are not clinically significant. If contacted by the pharmacist, the GP will often take no action as experience would suggest that the drug combination is safe. For example, all pharmacy computers will warn of a dangerous drug-drug interaction when warfarin is used concomitantly with aspirin. This combination is now frequently used in practice to reduce clotting.

Pharmacists in practice, since they have little jurisdiction over therapeutic disease management, will quickly learn to ignore such warnings, assuming they are of little consequence. However, research has shown that around 10 per cent of admissions to hospital are for adverse drug events and in the elderly (over 75 years) this figure is as high as 30 per cent. Drug incompatibilities and interactions, therefore, are occurring at high frequency in the community and might be reduced with proper use of health informatics.

In September, the NHS published its proposals for the development of IT within the NHS. It now appears that pharmacies both in the hospital sector and in community practice will be linked to the NHSnet.

The PSNI's Practice Committee has the following recommendations which are consistent with those proposed by the Royal Pharmaceutical Society.

Recommendations

1 A single, life-long, medical record is maintained by the NHS for each patient. This information should be available, in full, to all healthcare professionals, including the pharmacist. Pharmacists require all the necessary information to ensure they can assist in delivering maximum therapeutic benefits. This would require that pharmacists, as a minimum, should have access to the diagnosis and to data relating to therapeutic outcomes where appropriate, eg serum cholesterol concentration, blood glucose concentration, etc. Where pharmacists are generating data such as PMRs this must be shared with the NHS.
2 Pharmacists will only be allowed access to all patient information for patients who use the pharmacy for a therapeutic management service. Other pharmacies will have only restricted access.
3 All pharmacists will be linked to networks, including the NHS Intranet. Pharmacists will be able to source current primary research papers that will enable them to advise GPs and patients appropriately to ensure maximum use of medicines.
4 Drug warnings and withdrawals can be notified to pharmacies by the DHSS. Yellow Card warnings may be transferred from the pharmacy to the Central Surveillance computer.
5 Pharmacists will be able to provide all patients on their database with relevant health advice. This will allow patients in specific groups to be targeted. For example, where the pharmacy has a contract with a health board, patients on statin drugs can be asked to attend the pharmacy for a six monthly cholesterol test, the results of which will be transferred to the GP.
6 A business plan should be developed, making clear the professional and commercial benefits for pharmacists of joining appropriate IT networks. Steps must be taken to ensure continued pharmaceutical input into the development of EDI messaging in the healthcare sector.
7 Ethical consideration will be given to maintaining the confidentiality and security of patient information. There should be guidelines addressing the security of electronically held patient information, containing the principles of security of clinical and management information.
8 The profession should retain data on the minimum systems specification for pharmacy based computers.
9 Training in basic IT skills will be provided for all members of the Society. The feasibility of producing a series of educational and support packages on current and future IT systems will be considered. But, more importantly, the use and availability of computer assisted learning as a vehicle for continuing professional development will be promoted.

Setting standards for pharmacy technical staff

Vision 2020 states that the PSNI Council should consider an accredited qualification for pharmacy technicians that would enable them to do the more manipulative aspects of dispensing. This would liberate time for the pharmacist to undertake the roles outlined in three key objectives of Vision 2020 which are:

- the provision of health promotion services
- prescribing within the NHS
- the provision of a pharmaceutical care programme that will allow pharmacists, within protocols, to alter dosages and change drugs for patients under their continuous control.

The law states that the dispensing of a medicine from a prescription and the sale of Pharmacy medicines must be undertaken under the direct supervision of the pharmacist.

Guidance from The Royal Pharmaceutical Society of Great Britain in this matter has changed over the past ten years. Initially it was expected that a pharmacist supervising a medicine sale must always be aware of what was being sold. This has changed with the implementation of protocols for the sales of OTC medicines in pharmacies. Within defined protocols the pharmacist can delegate some responsibility to a member of staff.

In 1986, the Council of the Royal Pharmaceutical Society of Great Britain wished to apply a similar protocol to dispensing, following the recommendations of the Nuffield Inquiry. The profession at that time did not accept this proposal. It was felt that the pharmacist must make the final check on the prescription before handing it to the patient.

This final check is no longer an ethical requirement but many pharmacists hold to this principle. This has tied pharmacists to a mainly mechanical dispensing role and has made it difficult for them to extend their cognitive role because of a lack of time and flexibility.

To ensure that dispensing technicians can play a greater role in the dispensing process and to ensure that aspects of this role can be safely delegated to them, a training programme has been agreed. The Education Committee has made the following recommendations.

Recommendations

1 The Pharmaceutical Society of Northern Ireland changes its Code of Ethics to allow the establishment of precise dispensing protocols for suitably qualified technical staff.

The Code will state that the pharmacist must have seen and analysed the prescription at one point between the time it was received in the pharmacy and the medicine is dispensed to the patient or their agent.
2 The Society must formally accredit the training qualifications for dispensing technicians and ensure compliance with standards for continuing development by the technical staff.
3 Pharmacists should be informed that the final check is NOT necessary when qualified technical staff dispense within defined protocols, but the supervision requirement still rigidly applies.
4 Each pharmacy using a technician within the dispensing process must have a written protocol available for inspection.
NB. These recommendations do not allow for a reduction in the professional responsibility of the responsible pharmacist. Dispensing errors will remain, as at present, the sole responsibility of the pharmacist.
5 The Pharmaceutical Society should set up and maintain a register of qualified dispensing technicians.
6 Persons wishing to become accredited by the PSNI as qualified dispensing technicians must have completed a course accredited by the Society within a 30 month period.
7 The Council of the Society should accredit the following courses:

- The BTEC dispensing technicians course
- The NPA dispensing technicians NVQ Level 3

8 The pharmacy should have a written protocol on procedures for dispensing a prescription from receipt to supply when the process involves the supervision of, but not the final check, by the pharmacist.

In addition, the pharmacist must comply with Section 1.2 of the Society's Code of Ethics that: 'A pharmacist must, on each occasion he provides a pharmaceutical service, use his professional judgement to decide whether he needs to see the patient or carer in person'.

Dead help the living

This essay about collecting skin from human cadavers won Mary Saunders, a postgraduate at the School of Pharmacy, Cardiff University, joint third prize in the Wellcome Trust/*New Scientist* Millennial Science Essay competition

Corpse collection for medical experimentation has a difficult history. Prior to 1832, the punishment for committing murder was death and dissection. However, the Anatomy Act of that year attached this punishment to poverty, and from then on, the corpses of the poor were appropriated for dissection.

The workhouse and all it implied still remains a potent fear in folk memory. Ruth Richardson gives a compelling account in her book 'Death, Dissection and the Destitute'. Since society now 'ignores' death, it is rarely discussed, but we still have a morbid curiosity.

I am researching into aspects of transdermal drug delivery. I use human skin as a membrane for *in vitro* permeation experiments. Architecturally, the skin is one of our most complex body organs. It doesn't wear out and we don't die from old skin, but it does reflect our mortality. Other colleagues in the department also work with skin. We share our feelings, but have responded in different ways to the experience. This is my story.

Occasionally, I collect and process postoperative and cadaverous skin. I adhere to guidelines established by Skelly *et al* in 1986 relating to the principles and practices of *in vitro* percutaneous studies and follow Health & Safety and good laboratory practice protocols.

The procedure is straightforward and easy to follow, but there is incongruity, fascination and revulsion in skin preparation.

I remove excess tissue and subcutaneous fat from full-thickness skin; it can be a gory process. I immerse the skin in hot water (45 seconds at 60°C) then peel the epidermis off the dermis and freeze it for future use. It is amazing how easily the epidermis separates; how durable yet fragile it is. It reminds me of a layer of onion skin with the robustness, tensility and impermeability of a citrus membrane.

Incongruity comes from the plethora of safety procedures followed during the collection, processing, storage and use of human skin. I can walk into a butcher's shop, pick up a slab of meat and prepare it at home, without following any control procedures, while exposing myself to the same perceived risks.

Mary Evans Picture Library

Collecting corpses for medical purposes has had an unsavoury history

Revulsion comes from the miasma of death. Although quickly immune to the smell, it lingers long in the nostrils. An enigma exists: the culprits, putrescine ($C_4H_{12}N_2$) and cadaverine ($C_5H_{14}N_2$), are present in the living and the dead. Atkins writes in 'Molecules': "They ... are partly responsible for the smell of semen. Both add to the odour of urine and are present in bad breath ... both have disgusting odours. We dress in the odour of death."

Fascination lies in the fact that it is 'part of us' and I am confronting the physicality of death. Powerfully, it can open up the imagination and stir emotions. Processing cadaverous skin is more evocative than processing postoperative skin, since it is less likely to be anonymous. Collecting and processing skin from my 'first' corpse has left an indelible impression.

A phone call was received offering skin from a newly-dead woman, who had donated her body to HM Inspector of Anatomy. We were invited to see the body then collect what we required – abdominal skin.

When the attendant brought her body out, her head banged against the edge of the 'fridge'. Rigor mortis must have set in when she was semi-recumbent. She was still connected to a catheter and had grips and a ribbon in her hair.

I looked into the woman's face and felt connected to her life through her death. As I processed her skin, immediately after collection, her image remained in my mind. I thought about her throughout the afternoon.

That night, I lay in my bath surrounded by candlelight. I scented the air with rosemary, lavender and frankincense and I held a vigil. I thought about her and thanked her for the use of her skin. I could be self-delusory, but I know she was watching and smiling and went away content. I slept easily that night.

Her legacy, a *memento mori*, lives on in the data collected and she may provide some of the answers that will contribute significantly to transdermal developments. She will always remain a part of my PhD experience.

References available on request.

now even patients with the most sensitive skin can enjoy the pure pleasure of skin cleansing

For patients with sensitive and compromised skin, cleansing can be an irritating and unpleasant experience. But now, with the unique mildness of new Cetaphil, it can at last be a pleasurable one. In one of the most rigorous safety tests available Cetaphil lotion was compared to two leading cleansers. Of the three, Cetaphil was the only cleanser to provoke no irritation after 72 hours application to compromised skin.[1] Cetaphil is pleasant smelling and can be used by the whole family. It comes as a lotion for the face and a bar for the rest of the body. New Cetaphil. Not only does it satisfy patients' medical needs, it satisfies their emotional ones too.

Cetaphil. The mildest skin cleanser you can recommend.

1. Baker, M.D. 1986. Chamber Scarification Test.

The Cetaphilosophy. Caring for skin should be more than skin deep

Survey

Independents heading for c

Liberal Democrats health spokesman Simon Hughes

Nearly half (43 per cent) of 1,200 independent pharmacists responding to a recent survey by the Liberal Democrats are considering closing down.

The reasons are competition from supermarkets (29 per cent), increased workload and long hours (29 per cent), lack of funding (28 per cent), and difficulty recruiting staff (11 per cent).

Most (94 per cent) said the reduction in dispensing margins adversely affected cash flow and almost all (97 per cent) thought the government's payment system should be reviewed.

A similar proportion (97 per cent) said their workload had increased over the past five years, with most (46 per cent) estimating it had increased between 10 and 30 per cent, although 13 per cent said it had increased by over 50 per cent.

Several had cash flow problems when dispensing expensive medicines; 80 per cent had had to think of the effect on cash flow before dispensing such medicines, and 23 per cent had turned away a customer, or referred them to another pharmacy, because of a high cost item.

The results of the survey were published this week in a report 'A Bitter Pill: Independent Pharmacists Struggling to Survive'. The report summarises the 1,200 replies received when a questionnaire was sent to 5,000 independents in England between August and September.

Launching the report at a press conference on Monday, the Liberal Democrats' health spokesman Simon Hughes said: "Local chemists are at the heart of the nation's health, but sadly they are under threat. With two in five thinking of closing because they can no longer cope, this will make the coming winter even harder for the NHS."

The Liberal Democrats want to keep pharmacists in business and to make sure that both urban and rural communities had all the pharmacies they need. Mr Hughes, whose uncle was a pharmacist, said that over the past 20 years he had consulted a pharmacist rather than a doctor and had had "a very good service and professional advice".

Dr Peter Brand, spokesman on public health, said: "Without immediate action by the Government, more and more chemists will be forced out of business. This will mean longer waiting lists, more pressure on overstretched GPs, and communities deprived of their local pharmacy."

A GP on the Isle of Wight, he said he could dispense for his patients but preferred not to as he valued the expertise of his local pharmacists.

The Government could bring about cash flow improvements for expensive drugs overnight if it wished, he said. Pharmacists' remuneration could also be improved by offering packages that

ıre, say Lib Dems

Isle of Wight GP Peter Brand

encouraged and rewarded professional duties. Pharmacists should be paid for giving advice to GPs: "It's crazy that there is no formal connection between the dispensers and prescribers of medicines. Every practice would benefit from a closer relationship."

There was no reason why pharmacists could not give advice on efficacy as well as the costs of medicines, so long as they "honed up their skills". The Government could easily build such packages into legislation on primary care groups, currently going through parliament.

Dr Brand thought a major opportunity had been lost by not giving pharmacists a place on PCG boards. "Their input can save governments a tremendous amount of money." There should be some mechanism, within PCG budgets, to make sure pharmacists' advice was available in the same way as GPs'.

The Government and the profession also needed to "hammer out" a system for paying pharmacists for giving advice to patients. Simon Hughes added that there was a case for helping pharmacists to provide confidential areas to encourage patients with minor illnesses to consult a pharmacist before a GP. The party is putting together a policy statement on pharmacy and will use it when commenting on healthcare proposals to be announced in the Queen's Speech next week.

Turning to resale price maintenance on medicines, Dr Brand said it was distasteful that highly trained professionals had to subsidise the NHS by selling medicines above market prices but, until the Government came up with a better system, RPM had to be retained otherwise pharmacies "would go bust altogether".

Giving his views as an independent contractor, Alan Spivack from Islington, reinforced the need for an immediate remuneration review. He explained how the duties of pharmacists had become more onerous in recent years. An increase in workload had been accompanied by a decline in profitability, leading to problems in trying to maintain the quality of service.

The survey said...

- **82 per cent of pharmacists think that increased prescription charges have prevented patients getting the medicines they needed**
- **78 per cent support a freeze in prescription charges**
- **99 per cent advise patients if they can buy a prescribed medicine for less than the NHS prescription charge**
- **89 per cent offer a prescription delivery service**
- **82 per cent think RPM should stay**

Other comments from pharmacists were: "I would give up tomorrow"; "I wish I had trained in something else"; "I have sold my flat and given up my car to remain afloat"; "We are told we are invaluable professionals. We are paid at supermarket discount rates"; "The Government always owes us money"; "Larger chemists are becoming richer and smaller chemists are heading for closure".

The dynamic duo

Who would have thought that SmithKline Beecham and Warner Lambert would make good partners? One pharmacist thought their marriage might work in a category management study. Steve Bremer reviews the wedding

Sue Britton, an assistant at Dean & Smedley's Stretton store

It is a novel concept that two pharmaceutical 'big boys' could work together to the same end. However, a pharmacist from Burton-on-Trent recognised the potential for a joint category management study over a year ago.

Category management is the use of sales information - in partnership with manufacturers - to determine the size and position of product categories in a store.

Richard Dean is the managing director of Dean & Smedley Ltd, a family-owned group of nine Midlands-based pharmacies. Having called SmithKline Beecham and Warner Lambert, Mr Dean got together with both companies to conduct a category management study which ran from December 1997 until March 1998 (*C&D* September 12, p41).

The results showed larger increases in sales for every medicines category at the Stretton store compared to the control results. Particularly striking was that sales of gastrointestinal P medicines at the Stretton store shot up by 78.8 per cent compared to a fall of 4 per cent at the control, and sales of GSL laxatives increased by 33.5 per cent at Stretton compared to a decrease of 1 per cent in the control.

Mr Dean decided to use his Stretton store in Burton-on-Trent for the pilot study as he felt its OTC medicine sales could be improved. It had also proved difficult to merchandise in the past due to a small back wall. "We needed to be more organised about the way we used space," he says. The company also wanted guidance on reducing its inventory and on 'must stock' lines.

Why choose two major competitors for the project? Mr Dean says they are two major suppliers that "we get on well with and that I trusted. They have experience over a wide range of product categories".

Both companies have done similar projects in the past for large multiples. Although they had never worked together before, they companies 'gelled' immediately, according to Mr Dean.

Dean & Smedley has had a Charm EPoS system for over ten years and used it as a buying tool and to collect sales information. It has been used to allocate space for various product categories. EPoS data on sales volume only was given to Lee Newton, trade marketing executive at WL, and to Lynne Alexander from SB's merchandising department. They used the information provided to generate medicine planograms within two months.

Mr Dean says an EPoS system is essential for this type of project. He does not think two major companies would be interested if the pharmacy could not provide robust data to plan the merchandising and to measure the results.

Core categories

The pharmacy did not have to delist a lot of medicines. "I started with the viewpoint that while we don't need to stock every type of shampoo, we are supposed to be the medicines experts. We should lower our entry requirement into the core medicines inventory. They are our speciality," he says.

Dean & Smedley's only major alteration to the planograms was the addition of sloping shelves for GSL analgesics. Having seen the concept in the model pharmacy at the Chemex '97 exhibition, Gill Bullock, Dean & Smedley's training and development manager, thought it

P results

Category	Stretton	Control
Analgesics	+18.9%	+2.2%
Cold	+7.3%	-11%
Cough	-7%	+2.4%
GI	+78.8%	-4%
Smoke	+34%	+48.7%
Oral	+64.9%	-6%

GSL results

Category	Stretton	Control
Cold	+19.6%	-11.6%
Cough	-6.5%	-39.7%
GI	+12.2%	-16.6%
Pastilles	+15.6%	-9.5%
Haemorrhoids	+17.9%	-17.8%
Laxative	+33.5%	-1%

Results from the study in which the Stretton store had its Pharmacy and GSL medicines fixtures re-merchandised. Fixtures in control stores were unchanged

would create more impact. A professional decision was taken to move GSL analgesics out of children's reach. Planograms were adapted slightly for individual shops after the initial study.

Considering the trial nature of the study, there were only a few problems on the day it began, due to the planogram having incorrect pack sizes and too much space between packs.

A few lines were de-stocked, but most lines previously displayed and not now planogrammed on-shelf are kept in drawers. The main difference with the new planograms is that they are "not cluttered with slow selling lines – it looks much more impressive", says Ms Bullock.

Since the planograms were implemented, the amount of out-of-date stock has fallen, and as sales increased, stock bought on winter promotions needed to be replenished.

The study saw sales of some medicines categories increased by almost 80 per cent, and now Dean & Smedley has extended the idea to all its stores.

Right results

Mr Dean was astonished with the trial results. "We had to ask ourselves, can this be right?" he says. Sales at the Stretton store had increased in every medicines category much more than the average figure for the group's other stores. Sales of medicines categories measured only in terms of sales volume, had grown by between 7 and 78 per cent at the Stretton store.

Sue Gibbs (left), pharmacist manager at the Stretton store, Richard Dean, managing director of Dean & Smedley and Gill Bullock, training and development manager

The coughs and colds result was a little deceptive. As the Stretton store had a lot of large Benylin bottles on the planogram, for example, their sales volume decreased, but the section's revenue rose. Smoking cessation products suffered because they were merchandised on a side wall, not facing customers, but when they were moved to the back wall, their sales leapt.

SB and WL did not produce a summer planogram, so Dean & Smedley has created its own by decreasing coughs and colds space allocation and adding hay fever treatments and burns/stings preparations.

Dramatic changes

Procter & Gamble applied category management principles to Dean & Smedley's skincare sections in all stores in May 1997. The result of these changes were "dramatic", with sales of some categories increasing by up to 30 per cent.

But "the trouble with anything like skincare or shampoo is that the market changes so quickly, it's difficult to keep up with it", says Mr Dean. Now that Procter & Gamble have several brands in the sanpro market it has promised Mr Dean it will look at this section in his stores.

The relationship between Dean & Smedley and SB and WL has not changed since the category management study. "I think they recognise that we're important customers and they listen to what we say," he says.

Dean & Smedley is now hoping companies with interests in other sectors will be able to offer category management studies in their particular areas. Although medicines are considered its most important area, the group hopes to have whole stores organised using category management principles. Mr Dean hopes that a similar scheme can be offered to other pharmacists and sees no reason why it should not work elsewhere.

Pharmacists may soon be able to prescribe, if the political will to allow it exists, Georgina Craig from the National Pharmaceutical Association told the Pharmaceutical Marketing Society last week

A script for the future

The feedback the National Pharmaceutical Association has received from the yet-to-be-published Crown Review suggests that it will not be prescriptive. If professional bodies have acceptable accreditation systems in place, pharmacists – and others – may soon be able to prescribe. But it is not clear whether the political will for this exists, especially as the Review was commissioned by the previous Government.

The NPA has identified a number of potential models of prescribing.

- **In model one** – the traditional one – the doctor diagnoses and prescribes, the pharmacist dispenses and the doctor monitors the patient. Although this is well suited to the management of acute illness, for the majority of patients on repeat medication there are other options.
- **In model two**, the doctor diagnoses and writes a prescription to last until the next review date. The pharmacist dispenses this in 'instalments' and takes on some of the monitoring of the patient. This is the kind of system which would operate if repeat dispensing were introduced.
- **In model three**, the doctor diagnoses and the pharmacist prescribes, dispenses and monitors the patient. This model is already operating to some extent in hospitals, where the involvement of clinical pharmacists on ward rounds means that pharmaceutical input is routinely given. The NPA's 'partnership' model of prescribing (described below) would operate along these lines.
- **In model four**, the pharmacist diagnoses (or responds to symptoms), prescribes, supplies and monitors the patient. This model exists already when people self-treat with P medicines. The only thing stopping people exempt from prescription charges (who visit their GP to obtain prescriptions for P medicines) benefiting from this type of service is that community pharmacists cannot write NHS prescriptions for P medicines.

Partnership model

Prescribing is a cyclical process, with a number of different steps:

- diagnosis
- choice of therapeutic class
- choice of drug (including dose and length of prescription)
- dispensing of the drug
- monitoring of the patient
- review (both diagnostic and therapeutic) and adjustment of the prescription where appropriate.

However, due to work pressures on GPs and others, incomplete records, and the difficulties patients have in getting to the surgery, this system is not working effectively. Many GP practices have inadequate controls on repeat prescribing. Research done in 1996 highlighted that 66 per cent of medication was issued without a doctor's authorisation and 72 per cent of patients had not had their medication reviewed within the past 15 months.

Pharmacists could be prescribing as well as dispensing

A 1994 Audit Commission Report estimated that 3-5 per cent of hospital beds were occupied by people suffering wholly or largely from adverse drug reactions. Other work has shown that one in six older people admitted to hospital are suffering from adverse drug reactions, and that 41 per cent of GP consultations are thought to 'certainly' or 'probably' have been caused by an adverse drug reaction. There are therefore plenty of incentives to review the situation.

The next question policy makers must ask is: "How can it be improved?" Pharmacists could be more involved. They see the majority of patients on repeat medication once a month – more frequently than either the GP or practice nurse. They are arguably the best qualified professionals to take on this responsibility.

However, they also have limitations. They have not been trained to diagnose. They do not have the time to visit patients daily in their home, but others, such as nurses, are paid to do this.

Research has shown time and again the importance of making the patient a partner in the pharmaceutical care process. Without this, therapeutic management will fail – which has been demonstrated by the fact that 50 per cent who take medication for a chronic condition do not comply.

The NPA's model attempts to recognise the crucial role of all of the players in the process and build on the strengths of each. In order for this system to work in practice, there are a number of prerequisites:

- acceptability to patients and professionals
- access to relevant diagnostic information for community pharmacists
- excellent communication channel and team working between professionals
- a willingness to share responsibility.

There would also need to be legislative changes and new systems, eg new prescriptions and additional remuneration for community pharmacists to reflect the additional responsibility and workload.

It remains to be seen what influence pharmacists have had on the review process, but if the role of pharmacist in prescribing is going to be pursued, this is the model the NPA will be advocating.

Minor ailments

One of the benefits of a new government is that it looks at things differently. It has been recognised for years that GPs spend a large proportion of their time seeing patients who have minor ailments which could be self-managed.

At first sight, the obvious solution is to delegate this work to nurses. They are, at least, 'cheaper' than GPs. The problem is that they are still relatively expensive: they need to be trained, and their overheads need to be covered. And patients still need to go to the surgery. Unless the nurse can prescribe, it does not reduce GP workload.

In one nurse-led minor ailment clinic set up specifically to reduce GP workload, the nurse found that all the patients coming to see her were exempt from prescription charges. She could diagnose, but then they had to go to their GP for a prescription. Meanwhile, those who can afford to or who do not have the time to wait can walk into a pharmacy and buy their medicines over the counter.

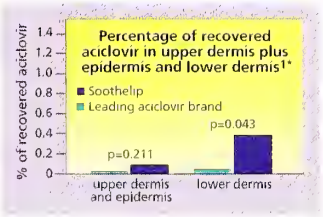
The most cost-effective way of addressing this problem would be to let community pharmacists prescribe for patients exempt from prescription charges. Exploring this concept, community pharmacists have been working with Nottingham Health Authority to pilot a pharmacist-led service for the management of head lice infestation.

Under the scheme, GPs no longer prescribe head lice preparations. Instead, patients are referred to their pharmacist who can prescribe from a small formulary of head lice treatment products. The evaluation of the project is still underway and 12 month comparative data should be available early in 1999, but the results so far are promising.

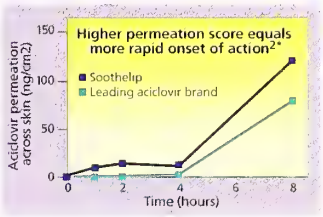
The NPA's Georgina Craig

Don't be misled into thinking that antiviral Soothelip doesn't perform as well as the original aciclovir cream. In fact, in some ways, especially penetration, it's significantly better.[1*]

- Proven to penetrate more deeply[1] – so it can get to work on the virus and reduce the healing time of cold sores which have already appeared.



- Really fast absorption[2] – so when used at the first sign of a tingle it can stop the virus replicating and a cold sore forming.



- More soothing ingredients – contains emollients which can gently moisturise lips to prevent drying.
- More staying power – contains dimethicone which forms a protective water repellent barrier to help prevent accidental removal.
- More accessible – to new users and those using other brands, because it's affordably priced.
- More stylish advertising – effectively stimulates sales from new young consumers.

So why recommend the original aciclovir when Soothelip gives you more value?

SOOTHINGLY ANTIVIRAL

BAYER

Soothelip
Aciclovir
Early use can stop a cold sore
COLD SORE CREAM
2g

NOTHING WORKS BETTER TO STOP, HEAL AND SOOTHE COLD SORES

ODUCT INFORMATION: Soothelip for Cold Sores: contains 5% of aciclovir in a smooth white to off-white cream. It also contains: cetyl alcohol, dimethicone, heavy liquid paraffin, polyethylene glycol – 5 glyceryl earate, propylene glycol, sorbic acid, white soft paraffin and water. **Indications:** the treatment of cold sore infections. **Dosage and Administration:** cream should be applied to the affected area five times daily about every ir hours for five days. If the cold sore has not healed after five days, treatment may be continued for a further five days. If the cold sore has not healed after ten days or gets worse during treatment, a doctor should be nsulted. **Contra Indications:** hypersensitivity to aciclovir or any of the other ingredients. Do not use in eyes. **Precautions and Warnings:** Patients should be advised to seek the advice of a doctor before using Soothelip if ey are pregnant, plan to become pregnant or are breast feeding, if they are allergic to any of the ingredients in the cream, or if their immune system is not working properly. Soothelip should not be used for herpes infections the eye, inside the mouth or genital areas. **Side effects:** Transient burning or stinging following application of aciclovir cream may occur in some patients. Mild drying or flaking of the skin, erythema and itching has been orted in a small proportion of patients. Contact dermatitis has been reported rarely following application. **Basic NHS Cost:** 2g cream, containing 5% w/w aciclovir £4.49. **Product Licence Number:** 0142/0426. **Licence lder:** Cox Pharmaceuticals, Barnstaple, EX32 8NS. **Sold and Distributed in the UK by:** Bayer plc, Bayer House, Strawberry Hill, Newbury, Berkshire, RG14 1JA. **Legal Category:** P. **Date of Preparation:** November 1997.

FERENCES: 1. Data on file. Percentage of recovered aciclovir in upper dermis plus epidermis and lower dermis. 2. Data on file. Comparison of aciclovir permeation (ng/cm²) across skin during first eight hours n vitro testing

ABPI demands more facts on Prodigy

The Association of the British Pharmaceutical Industry has criticised the Government for launching Prodigy - a computerised system that advises GPs on what medicines they should prescribe - without giving the ABPI all the facts about it.

The ABPI has long voiced its reservations about Prodigy, particularly the apparent lack of new medicines in early versions of the system

According to the ABPI, it has yet to receive a copy of a report on Prodigy, although the Government had promised to send it one. The ABPI said this failure cast doubts over the report.

Dr Peter Read, the ABPI's acting president, said the Government had ignored a fundamental tenet to allow scientific research to be reviewed by interested parties. "The DoH has suddenly rushed this important project through without giving adequate information to those who most need it - including patients and the pharmaceutical industry," he said.

Prodigy, he added, would also encourage GPs to prescribe older medicines from a restricted list.

Baroness Hayman, health minister, said Prodigy had been tested in 200 sites and was popular with GPs and patients. "In time, Prodigy will provide an additional swift means of getting across medical messages to GPs, plus information about new drugs, contra-indications and safety alerts," she said.

But the ABPI said the system's launch had still failed to address several areas:

- how new medicines will be included quickly on the system, so that patients will benefit from the latest advances in treatments
- how decisions about which medicines and treatments included in Prodigy are made
- how the instant patient information leaflets, available under Prodigy, have been drawn up and whether expert advice from patient groups has been sought
- whether costs are the driving factor behind the prescribing decisions, rather than the best quality healthcare for patients.

While the ABPI supported the need for a computer system that gave GPs "unbiased, accurate and evidence-based information about the full range of treatments available ... it is less than clear that Prodigy fits the bill as the requisite 'gold standard'".

The DoH said the results of Phases I and II of Prodigy's pilot would be published shortly. It added that the number of professional groups involved in setting up Prodigy, which include the Royal Pharmaceutical Society of Great Britain, the General Practitioners' Committee and the Royal College of Physicians, indicate the breadth of thought that went into the system.

GPs were not compelled to follow Prodigy's recommendations. "It's a prescribing aid and is not meant to be the most exhaustive list of drugs - but it is the most cost-effective and effective," said a DoH spokesman.

He denied that Prodigy's therapeutic recommendations were driven mainly by cost considerations. Advice was based on effectiveness, safety and appropriateness of treatment.

Cost would be considered if there was more than one brand with similar benefits, or where the benefits of one brand over another were marginal.

Merger hype lifts Hoechst/Rhône-Poulenc shares

Hoechst and Rhône-Poulenc's shares rose this week as speculation grew that they will finalise talks on a £26 billion merger within days.

Hoechst's shares rose 3 per cent to DM78.30 while Rhône-Poulenc's were up 3.4 per cent to FFr264.80

Their combined business would have sales of $13 billion (£8 billion), not far off those of SmithKline Beecham and Glaxo Wellcome.

While Hoechst/Rhône-Poulenc's market capitalisation would be far lower than that of Glaxo Wellcome, which is worth £66 billion, and SmithKline Beecham, worth £40 billion; it would exceed Zeneca's £22 billion.

It is believed that Rhône-Poulenc is being advised by Goldman Sachs and Rothschild, while Hoechst is represented by Lazard Freres.

While analysts agree the merger would allow the companies to merge their research and development facilities, and improve their drug development pipeline, they believe an internal struggle could arise as each company seeks to become the dominant partner.

HMR has UK offices in Denham, Middlesex, and a veterinary business in Walton, Milton Keynes; while Rhône-Poulenc owns Rhône-Poulenc Rorer in West Malling, Kent.

The news comes as Hoechst Marion Roussel, Hoechst's pharmaceutical business, reported third-quarter sales down 4 per cent to DM3.4 billion, due to currency devaluations in its Asia Pacific and Latin American markets. Its operating profit rose 1 per cent to DM331m.

Hoechst this week refused to comment on the speculation.

UniChem to expand Moss Advisory Service by millennium

Moss Advisory Service (MAS) is preparing to offer more programmes, following a suggestion from UniChem's regional committees that the wholesale/retail group should offer a comprehensive advisory service before the millennium.

MAS currently offers advice on planograms, while UniChem has a broader range of packages, which include Tactician and financial advice.

Tactician and other services are being transferred to MAS, which will also offer pharmacy assistant training courses early next year.

UniChem's regional committees have also discussed the need for new services, such as special product seminars, training programmes on specific medical conditions, advice on basic security in a pharmacy, and local marketing.

Martyn Ward, UniChem's sales and marketing director, said the company listened and responded to its regional committees because they represented the views of pharmacists around the country.

The group is working on various initiatives which would be introduced to pharmacists over the next few months.

- Lisa Martin from Lisa Martin Pharmacy, Hampshire, was judged overall winner at UniChem's Great Business Awards last week. Ms Martin (right) receives her award from Chris Etherington, UniChem's managing director. Other category winners were Freddie Ahad, of CE Harrod Chemists, London, who won the 'recent acquisitions' award; Aileen Watson, Tablets Pharmacy & Healthcare, Glasgow, for 'innovative new retail outlet'; David Johnson, Gidlow Pharmacy, Wigan, for 'building relationships in the community'; Indira Panchal, Meiklejohn Pharmacy, Bedford, for the best traffic generating initiative , and Roche Diagnostics for 'the manufacturer most supportive of independent pharmacy'. Full details will appear in January's *Community Pharmacy*.

IN BRIEF

Bayer sales warning

Bayer has warned that its sales could fall this year and its earnings will rise only a fraction because of Asia's economic troubles. The region's problems wiped DM900 million (£321m) off Bayer's revenues during the first nine months. The German company, meanwhile, will be sending 15-20 employees a year to the University of Bradford to study a full-time MBA course.

Mawdsley-Brooks correction

Mawdsley-Brooks recently celebrated its West Bromwich depot's 20th anniversary, not the company's birthday.

Phytopharm to raise £2.2m

Phytopharm plans to raise £2.2m by placing 1,556,400 new ordinary shares with institutional investors at 145p per share. The placing has been arranged by WestLB Panmure.

Stomach dysmotility* problems this Christmas?

* Fullness, heaviness, bloating, queasiness, belching and nausea often experienced after eating

See next page

Scotia sells Efamol for £16m

Scotia Holdings has sold Efamol, its consumer nutritional business, to Nutricia Holdings for £16 million.

While Scotia had hinted last December that it could sell Efamol, the decision was still a surprise. During the first half of last year, Efamol's sales had risen 66 per cent to £6.3m and its prospects were considered good.

Scotia said Efamol had made a loss of £2m on sales of £12m last year. The subsidiary's assets are worth £8m. "We had to spend a lot of money getting the sales to that level and Efamol would have had to grow a lot more to get a profit," said the company.

It will use the proceeds of the sale to fund its core drug developments.

Olibra, Scotia's food ingredient, and the pharmaceutical brands Epogam, Efamast and Efalith are not included in the sale.

Nutricia Holdings UK is a subsidiary of Royal Numico, the Dutch company whose UK trading arms are: Cow & Gate, Nutricia Clinical Care and Nutricia Dietary Care and Milupa - all based in Trowbridge, Wiltshire.

Dennis Segal, Nutricia's corporate affairs director, said the acquisition would help it to build an important position in the international dietary supplement market.

Mr Segal said Nutricia would announce its plans for Efamol next month, when it had completed its negotiations on the acquisition.

● Scotia is restructuring the Efamol Research Institute, its R&D subsidiary in Kentville, Canada. Staff will be cut from 60 to 30 as it concentrates on how lipid metabolism could be used with genomics to identify new treatments. The cuts should save Scotia £1m a year.

ABPI turns to advertising to gain support

The Association of the British Pharmaceutical Industry has launched a major advertising campaign in an effort to win back investors.

The campaign, the first in a decade, carries the slogan 'Take care of an industry that takes care of Britain'. It will be featured in broadsheet newspapers as well as in the *Daily Mail*, the *Evening Standard* and the *Economist*.

The decision to advertise follows increasing competition from other countries where political and economic conditions are favoured by investors.

"We are a world class industry bringing enormous benefits to Britain, but there are worrying signs that increasing competition from abroad is beginning to have an effect, and that investment in the infrastructure of our business is being leached away to other countries," said Dr Trevor Jones, director-general of the ABPI.

● A new ABPI publication, 'A-Z of British Medicines Research', has also been released detailing nearly 50 disease areas where British scientists are leading drug discovery. Copies from: the ABPI Publications, 12 Whitehall, London, SW1A 2DY (0171 930 3477).

Pharmacist earns millennium award

A medication management system invented by a Brighton-based pharmacist has been given Millennium Product status.

Millennium Products are awards given by the Design Council to creative and innovative products. The council hopes to appoint about 2,000 products, which will feature in worldwide exhibitions and will be exhibited in the Millennium Dome at Greenwich.

Laurence Sprey, who owns Ashtons Pharmacy, invented a seven-day personal medication system called Medicine.on.Time. The system comprises a card which stores, organises, dispenses and documents a patient's medication in a portable, weekly pack.

Mr Sprey is distributing the system to his patients in Brighton and Hove.

Pharmacists who want a licence to operate Medicine.on.Time should contact Mr Sprey at: 01273 325020.

COMING EVENTS

TUESDAY, NOVEMBER 24

University of Bradford

Pharmacy prestige lecture entitled 'Acute and long-term effects of Ecstasy' at 5.30pm in D4 Lecture Hall, Richmond Building. For further details, contact Professor York. Tel: 01274 234738.

WEDNESDAY, NOVEMBER 25

Bradford & District Branch, RPSGB

Meeting at Bradford University, Room N4. Buffet 7.30pm for 8pm on Primary care groups - the current position.

National Co-op Chemists wins Investor in People award

National Co-operative Chemists has won an Investor in People award - it is said to be one of only two national pharmacy chains to have received this recognition.

To celebrate winning the award, NCC is giving staff a chance to air their views about its operations by circulating a weekly suggestions box. The response from its 260 branches, each of which has a box, is said to be overwhelming.

Neil Slater, NCC's services controller said: "Some of the replies have been legitimate grumbles, but the vast majority are useful ideas that can make a real difference to how we run our business."

(l-r) Neil Slater, NCC's services controller, Roy Carrington, its chief executive officer, and Ron Law, human resources manager

The NCC's 1,600 staff now have a way to communicate directly to Roy Carrington, its chief executive officer.

Staff training at the NCC includes NVQ courses for pharmacy assistants and dispensing technicians, and a three-stage programme for pharmacists.

MOTILIUM 10 - ESSENTIAL INFORMATION

Presentation: Small film coated tablet containing domperidone maleate equivalent to 10mg domperidone base. **Indications:** For the relief of post meal symptoms of fullness, nausea, epigastric bloating and belching, occasionally accompanied by epigastric discomfort and heartburn. **Dosage and administration:** Adults and children over 16 : up to one tablet (10mg) three times daily and at night when required. Maximum duration of *continuous* use is 2 weeks. **Contra-indications:** Hypersensitivity to any of the components. Patients with any underlying gastro-intestinal pathology, with prolactinoma, or with hepatic and /or renal impairment. **Precautions:** Patients who find they have symptoms that *persist* and are taking Motilium 10 *continuously* for more than 2 weeks should be referred to a GP. **Drug interactions:** Adverse interactions have not been reported in general clinical use. However it has the potential to alter the peripheral actions of dopamine agonists such as bromocriptine, including its hypoprolactinaemic action. Domperidone's actions on gastro-intestinal function may be antagonised by anti-muscarinics and opioid analgesics. May enhance the absorption of concomitantly administered drugs particularly in patients with delayed gastric emptying. **Pregnancy and lactation:** Motilium 10 should only be used during pregnancy on the advice of a doctor. Use by breast feeding women not recommended. **Effects on driving ability and use of machinery:** Does not affect mental alertness. **Side effects:** Occasionally transient stomach cramps and hypersensitivity reactions (eg rashes) reported. At higher dosages and for longer treatment durations than recommended, a rise in serum prolactin has been reported which may, rarely, be associated with galactorrhoea and even less frequently, with gynaecomastia, breast enlargement or soreness; there have been reports of reduced libido. Domperidone does not readily cross the normally functioning blood-brain barrier and therefore is less likely to interfere with central dopaminergic function. However, acute extrapyramidal dystonic reactions, including rare instances of oculogyric crises, have been reported. Should treatment of dystonic reactions be necessary, domperidone should be withdrawn and an anticholinergic, anti parkinsonian drug, or benzodiazepine medication should be used. **Treatment of overdose:** If disorientation, extra-pyramidal reactions or drowsiness occur following an overdose, the patient should be closely monitored and treated symptomatically. Administration of gastric lavage and activated charcoal may be helpful. Anticholinergic medication may be useful in managing extra-pyramidal symptoms. **Price:** £3.95 **Legal category:** P. **PL:** 13249/0014 **PL holder:** Johnson & Johnson-MSD Consumer Pharmaceuticals, Enterprise House, Station Road, Loudwater, High Wycombe, Buckinghamshire HP10 9UF **Date of preparation:** June 1998.

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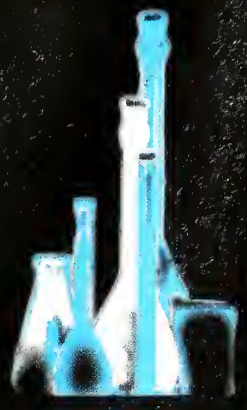

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BPSA reveals its charitable instincts

The British Pharmaceutical Students' Association does have a serious mission outside the social programme of its annual conference, and it was much in evidence at the Northern Area Conference held in Glasgow at the end of October.

BPSA recently became a member of the international co-ordination group for the Neema project, a village concept scheme in Tanzania. Pharmacy students worldwide are working together to make a difference by building and running a dispensary in Kiroma, Tanzania.

At last month's conference, the BPSA's northern area co-ordinator Susan Bishop handed over a cheque for £600 raised by Strathclyde School of Pharmacy in aid of the project.

Students also learnt about prison pharmacy, continuing professional development, and more about pre-registration opportunities for 2000 from Lloyds and Moss, who with Pfizer, sponsored the event. Pharmacy is, of course, facing its own 'millennium bug' with the fallow year, and competition for pre-reg pharmacists is reportedly producing some interesting salary packages.

The BPSA's northern area co-ordinator Susan Bishop (centre) presented a cheque for £600 raised by Strathclyde School of Pharmacy in aid of the Neema project to BPSA president Jonathan Burton (right) and secretary general Lindsay McClure. Rose Marie Parr, SCPPE director, and prison pharmacist Alan Webb (left) help out

Running marathons – a family affair

"If you ever fancy running a marathon, do New York." These words come from someone who should know. Jean Hughes of the Precinct Pharmacy in Mold, Flintshire, completed this year's New York marathon on November 1 in four and a half hours, raising £1,000 for the British Heart Foundation.

Jean Hughes (right) with twin brother David and his wife Kath

Running has become something of a family affair. Twin brother David took up the sport a couple of years ago, and not to be outdone, his wife Kath has followed suit. All three completed the 26.2 miles around the Big Apple.

Jean has run marathons in both London and Dublin, but rates New York the best. "There's lots of support all the way around," she says. She'd quite like a crack at the Paris marathon next.

APPOINTMENTS

A number of pharmacists figure among the 20 new appointees to the Committee on Safety of Medicines announced this week by the health minister, Baroness Hayman. They include **Dr Alison Blenkinsopp**, director of education and research at the Department of Medicines Management, Keele University; **Dr Robert Calvert**, director of pharmaceutical/SSD services at Leeds General Infirmary; and **Dr Brian Evans**, chief administrative pharmaceutical officer at South Glamorgan District Health Authority. **Prof John Midgley**, professor of pharmaceutical and medicinal chemistry at Strathclyde University is re-appointed. For the first time, the CSM will have two lay members. They are **Helen Barnett**, nominated by the Consumer Association, and **Dr Patricia Wilkie**, formerly of the Patients' Association. The three-year appointments start this January. **Prof Michael Rawlins**, currently chairman of the Committee on Safety of Medicines, has been appointed chairman designate of the National Institute for Clinical Excellence (NICE). His place on the CSM has been taken by **Prof Alasdair Breckenridge**, head of the Department of Pharmacology and Therapeutics at Liverpool University. **Dr Andrea Linton** will be co-ordinating the NICPPET 'return to practice' scheme for six months until March on a half-time basis. Her other employment is with the Eastern Health & Social Services Board as a prescribing adviser.

The Wallis Laboratory has appointed a pharmacist to the post of business unit director. **Simon Hendry**, who has been responsible for healthcare products at Tesco since 1994, has been tasked with developing new business opportunities.

Simon Hendry

United Norwest Co-op's pharmacy division has appointed **Artie Chalmers**, an accountant and marketeer as its new general manager.

Artie Chalmers

Bayer has appointed **Peter Robinson** as marketing manager for its anti-infective group of drugs. He takes on responsibility for ciproxin and another fluoroquinolone to be launched next year.

David Windeatt has been appointed commercial director at Revlon UK. He replaces Neil Wilkinson who left at the end of October.

Cortecs has appointed **Frank Harding** as a non-executive director.

Sickly cucumbers beaten by the willow

Nature knows best, as the saying goes, so try this one for size from last week's *Independent* ...

"Dutch farmers, whose slow growing cucumbers have been causing them headaches, may have found a solution – aspirin. Scientists with the respected Dutch research institute TNO have discovered that feeding aspirin to young cucumber plants helps to prevent thickening of the root walls."

Plants with thick root walls absorb water and minerals less easily, apparently, causing slower growth. And for those who quite properly worry about things like drug residues, no trace of aspirin is found in the cucumbers themselves.

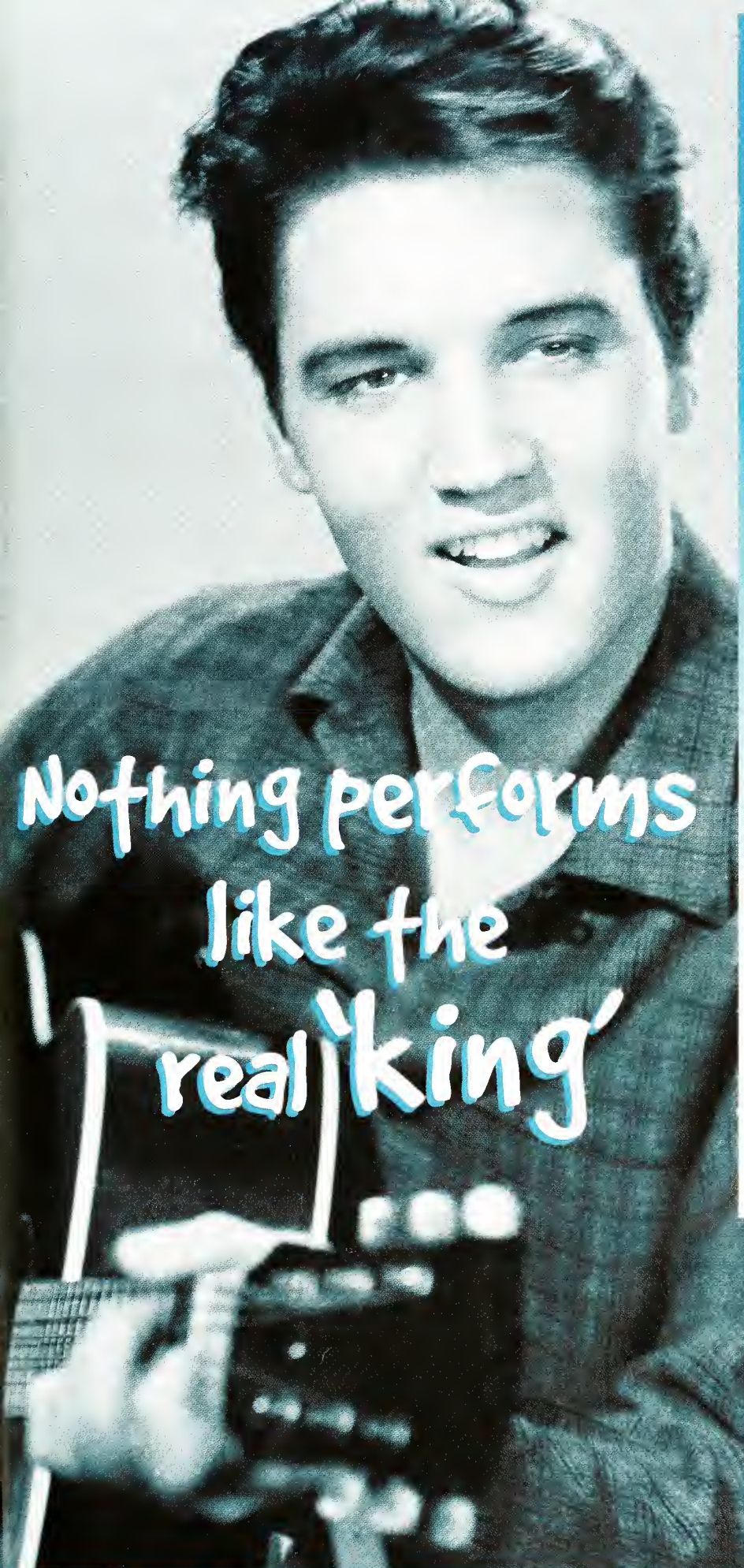
Needless to say EC regulations prohibit farmers feeding their plants salicylates until they have been properly licensed (salicylates, that is), but watch out for yet another indication for aspirin, itself a drug of natural origin. Poetic, isn't it?

Fortune passes everywhere

Viagra, the much publicised anti-impotence drug from Pfizer, has been boosting performance at the Church of England.

C of E finances have had their ups and downs in recent years, but the launch of Viagra has provided an extra filip to performance. The drug has added £3 million to church funds in the past three months: the Church Commissioners have a not insubstantial stake in the drug's manufacturers, Pfizer.

This little nugget was revealed to the Commons last week by Stuart Bell, the Labour MP who represents the Church Commissioners.



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tial Product Information. Presentation: Smooth white cream containing Aciclovir 5% w/w in a water miscible base. **Uses:** Treatment of herpes simplex virus infections of lips and face. **Dosage and administration:** 5 times a day for 5 days. It is important to start treatment as early as possible after the start of an infection, ideally during the prodrome. If healing has not occurred, treatment may be continued for up to an additional s. **Contra-indications:** Hypersensitivity to aciclovir or propylene glycol. **Precautions:** Do not apply to mucous membranes. Do not use for ocular or genital herpes infections. Not recommended for use in nocompromised patients. **Side and adverse effects:** Transient burning, stinging, mild drying or flaking of the skin may occur. Erythema, itching and contact dermatitis have been reported. **Price (ex-VAT):** 2g tube . 2g pump £5.10. **Legal category:** P. Further information is available from Warner Lambert Consumer Healthcare, Lambert Court, Chestnut Avenue, Eastleigh, Hants. SO53 3ZQ. **Product licence number:** 0003/0304. **of preparation:** October 1998.

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